

# Association of Vitiligo and Halo Nevus

## *Associação entre Vitiligo e Halo Nevo*

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An 8-year-old boy presented for evaluation of a hypopigmented halo which developed around the congenital melanocytic nevus (CMN), with one year of evolution (Fig. 1). Three months later, hypopigmented patches developed in the upper eyelids (Fig. 2). On physical examination, the CMN, surrounded by a depigmented ring, with a total diameter of 5 mm in the posterior cervical region, was associated with hypopigmented patches of irregular and well-defined borders, symmetrically located in the upper eyelids. The nevus was asymptomatic and symmetric in colour and shape with regular margin. The diagnosis of halo congenital melanocytic nevus associated with vitiligo was established and topical tacrolimus 0.1% was instituted (twice a day).

Halo nevus is a benign, mostly acquired, melanocytic nevus surrounded by a halo of depigmentation.<sup>1</sup> The incidence of halo nevus in the population is estimated to be 1%.<sup>2</sup> Vitiligo is an acquired dermatosis characterized

by the development of depigmented macules resulting from the progressive loss of melanocytes.<sup>1</sup>

In our patient, the diagnosis of benign halo nevus and focal vitiligo was made by innocent clinical appearance of de halo (regular around the nevus) and the CMN characteristics (symmetry in the edges, colour and diameter). However, one the major differential diagnosis of the halo nevus is the malignant melanoma and, therefore, a histopathology examination maybe necessary to rule out that diagnosis.<sup>2</sup>

Although the pathogenesis of halo phenomenon and vitiligo remains uncertain, it has been thought that there are common autoimmune mechanisms, mediated by cytotoxic T-lymphocytes and antibodies to melanocytes, causing depigmentation of the affected skin.<sup>1,3</sup>

Guidelines for the treatment of these cases are scarce

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**FIGURE 1.** Depigmented ring around a congenital melanocytic nevus (halo nevus).



**FIGURE 2.** Hypopigmented patches in the upper eyelids (periorbital vitiligo).

and inconsistent.<sup>3,4</sup> The resolution of vitiligo after excision of CMN is not an expected outcome, with only some prior reports describing that.<sup>3</sup> Additionally, the mechanism of vitiligo improvement in these cases is not clear.<sup>3</sup> On the other hand, some authors suggest that benign halo nevus associated with focal vitiligo could be effectively and safely treated with topical tacrolimus.<sup>4</sup>

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