

## Visual Treats in Dermatology

# “Sulci and Gyri” on scalp: A visual presentation of cutis verticis gyrata

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A 16-year-old boy presented with cosmetic concerns of a protuberant mass over the vertex of the scalp since birth. The lesion was present at birth increasing in size to gradually reach the present size around pubertal age to become static. He had no history of seizures or visual disturbances. There was no family history of similar lesions. Examination revealed a sessile, non-tender, soft, 13 × 9 cm swelling with sulci and gyri giving the characteristic “cerebriform” appearance, and sparse broken hair over the vertex of the scalp. A skin-colored, 2 × 2 cm, sessile, firm nodule and a 1 × 1 cm pedunculated firm nodule were noted over the surface [Figures 1 and 2]. He had no other cutaneous lesions. Ophthalmologic, neurologic, and psychiatric evaluations and routine blood tests revealed no abnormalities. A diagnosis of cutis verticis gyrata secondary to congenital intradermal nevus (CIN) was made and information about the benign nature of the condition was provided. The patient was advised histopathology examination and computed tomography scan, but his guardian showed unwillingness for



**Figure 1:** Clinical photograph showing vertex of the scalp with “sulci and gyri” cerebriform appearance. Single skin-colored sessile mass (\*) and skin-colored pedunculated mass (white arrow) can be appreciated.

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**Figure 2:** Clinical photograph showing protuberant swelling over the occipital area with the contour of the surface giving the “cerebriform” appearance.

the same. Serial surgical excision and reconstruction with skin graft were advised. The patient made an informed decision of no surgical intervention. The patient was asked to keep close observation in view of the possibility of malignant transformation. The scalp swelling continued to be asymptomatic and static in size on subsequent follow-up. As malignant melanoma has been reported in patients with congenital nevus, regular follow-up is mandatory in all cases of CIN.<sup>[1]</sup>

### **Ethical approval**

The Institutional Review Board approval is not required.

### **Declaration of patient consent**

The author certifies that she has obtained all appropriate patient consent.

### **Financial support and sponsorship**

Nil.

### **Conflicts of interest**

There are no conflicts of interest.

### **Use of artificial intelligence (AI)-assisted technology for manuscript preparation**

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

### **REFERENCE**

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