

بسم الله الرحمن الرحيم









شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





جامعة عين شمس

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بالرسالة صفحات لم ترد بالأصل





THE PATHOLOGY OF BENIGN MELANOCYTIC NEVI OF THE SKIN WITH SPECIAL REFERENCE TO THEIR MALIGNANT POTENTIAL

THESIS

SUBMITTED FOR PARTIAL FULFILLMENT OF THE MASTER DEGREE OF DERMATOLOGY VENEREOLOGY & ANDROLOGY

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بنير النوالي التحيال التحييم

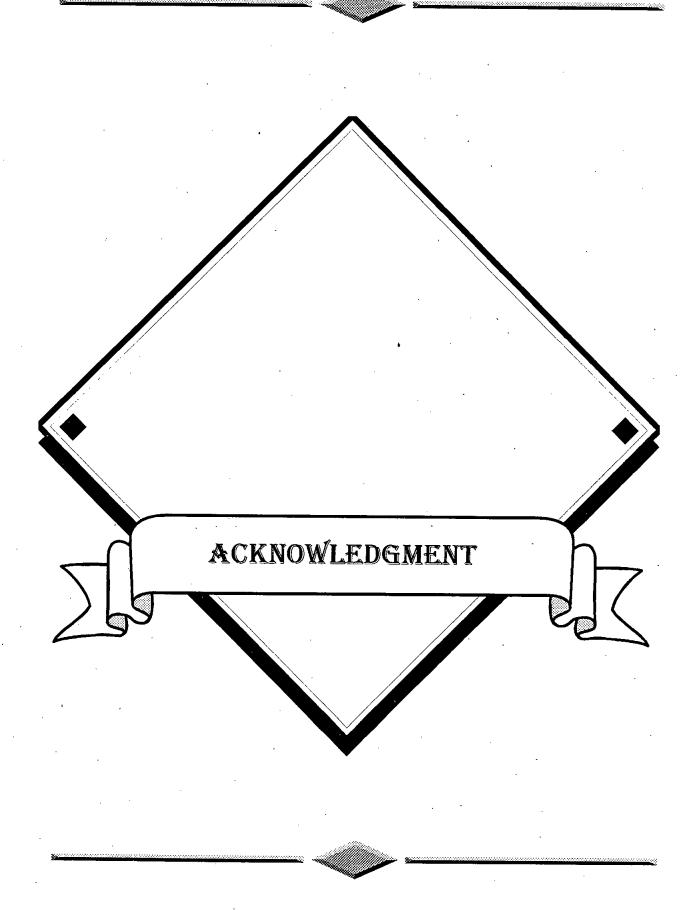
"إن الله فالق الحب والنوى يخرج الحي من الميت وصحرج الميت من الحي ذلكم الله فأنى تؤفكون"

صدق الله العظيم

الأنعام آية "٩٥"

TO ..

MY PARENTS,
MY HUSBAND
&
MY CHILDREN



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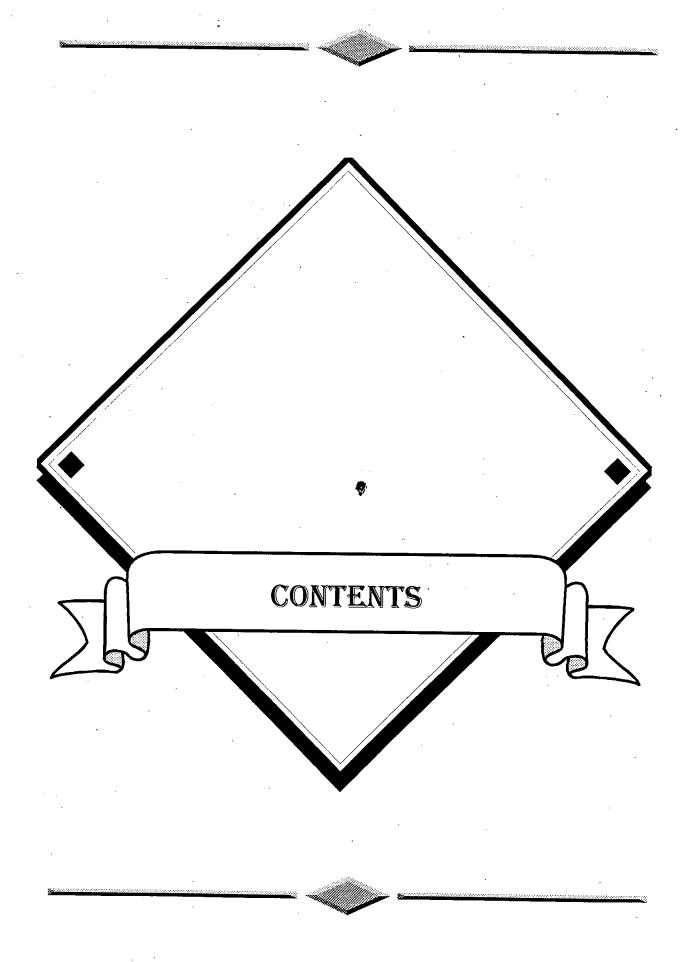
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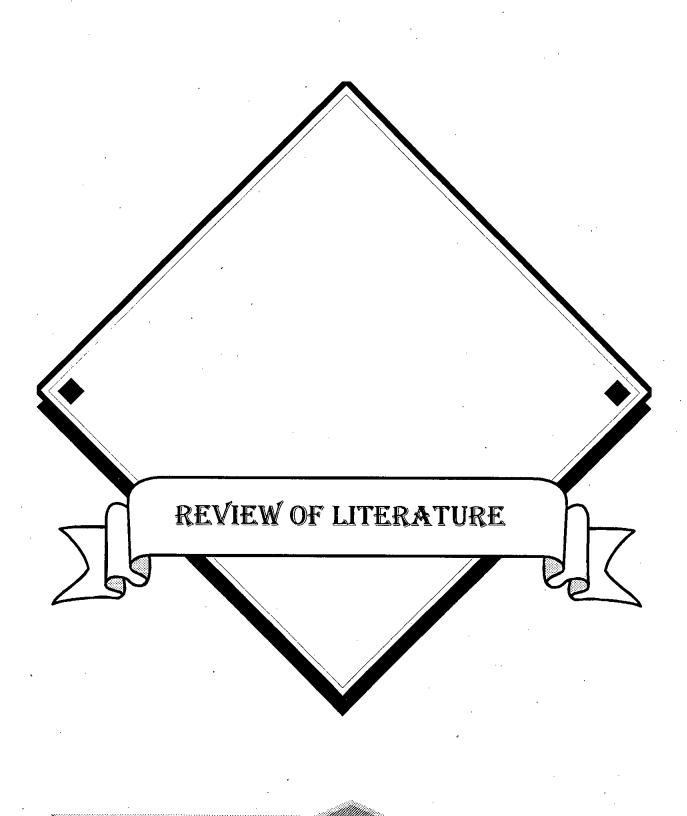
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I. DEFINITION AND TERMINOLOGY

The word nevus can be defined as a circumscribed developmental anomally. More specifically the definition of a nevus should include description of the tissue of which the nevus is formed, thus a nevus derived from the melanocytic system is described as melanocytic nevus, other nevi may be made of connective tissue (connective tissue nevi) or epidermal tissue (epidermal nevi) [Mackie, 1992].

Used terms as benign melanoma, pigmented mole, pigmented nevus, nevo cellular nevus and melanocytic nevus [Walter and Israel, 1996].

George and Martin (1994), defined nevus as any congenital lesion of skin, and nevocellular nevus as any congenital or acquired neoplasm of melanocytes.

Rosai (1994) defined nevus as any circumscribed growth of the skin of a congenital origin and can be used as a synonym for mole to designate a localized benign abnormality of the melanocytic system (melanocytic nevi). The latter are usually acquired in the sense that they become clinically apparant after the first year of life. He mentioned that melanocytic nevi can be put in a mid situation between malformation and neoplasia, as cellular blue nevi and sptiz nevi have morphological features consisting with a true neoplastic process, whereas the usual compound nevus has such a distinctive organoid configuration as to strongly suggest a developmental abnormality.

II. EPIDEMIOLOGY

Recent studies on the epidemiology of nevi carried out in Australia (Green, Maclennan and Siskind, 1985), in the UK (Machie et al., 1985) and in Canada (Gallagher et al., 1990), suggest that the anatomical and sex distribution of acquired melanocytic nevi, mirror those of malignant melanoma; being commoner on the female lower legs and the male back, implying that the factors responsible for the development of melanocytic nevi and melanomas are similar (Swerdlow et al., 1986).

Congenital melanocytic nevi are present in 1% of newborns, but lesions with similar clinical and histological apperance are more prevalent in older childern and adult. This suggests that lesions similar to true congenital nevi may develop in the first few years of life, the so-called congenital type nevus. The significance of this observation is not at present established, but if a clear difference emerges in the future between the malignant potential of congenital melanocytic nevi of any size and acquired lesions, it will become important to establish the correct classification of these congenital-type lesions (Machie, 1992).

Acquired Melanocytic Nevi:

Melanocytic nevi occur frequently, prophably in all races, and their prevalence shows considerable variation in different age groups (Maize & Foster, 1979). They are uncommon in infancy, gradually, in frequency during childhood and sharply at adolescence, and then