Dear Editor,

We were called to examine a newborn girl of Nigerian origin, after a normal and controlled pregnancy and delivery, due to dark spots on the tongue, apparently asymptomatic. Physical examination revealed two dark-brown and well-defined macules on the dorsal aspect of the tongue: an anterior one which was smaller and elongated, and a posterior one which was more rounded and larger (Fig. 1). The lesions were not infiltrated, without scaling and did not detach with scratching. The rest of the examination was unremarkable.

The parents, with skin phototype VI, had no lesions in the oral mucosa, and reported that there was no associated family history of melanomas, polyposis or mucosal pigmentation. No toxic agents or drug exposure occurred during the pregnancy.

We made a clinical diagnosis of congenital melanotic macules of the tongue (CMMT). It was agreed with the family not to perform a biopsy and that a follow up examination would take place. In the physical examination during the four month control visit the lesions were unchanged, but the patient did not return for a subsequent follow-up.

The oral mucocutaneous hyperpigmented lesions are not an uncommon reason to consult to the dermatologist. Several entities can be included in the clinical differential diagnosis (5): different systemic diseases like Addison disease or Peutz-Jeghers syndrome; toxin- or drug-related pigmentation like chloroquine; external causes like smoker’s melanosis or amalgam tattoos; physiological melanin pigmentation and other causes like post-inflammatory pigment alteration, Laugier-Hunziker syndrome, pigmented fungi-

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form papillae, pigmented nevi or malignant melanoma. Most of these etiologies could be rejected with a detailed patient and family history and a thorough physical examination (3, 4), specially in a newborn or infant. No association has been found between predisposing or causative factors occurring during gestation and CMMT (7).

“Labial” and “Oral melanotic macules” were first described and characterized in 1976 by Weathers et al. (8) and in 1977 by Page et al. (6) respectively. The first cases reported in the literature of melanotic macules of the tongue from birth was in 1992 by Anavi et al. (1) and later on in 2001 by Menni et al. (5). However, the term “Congenital lingual melanotic macule” was coined in 2003 by Dohil et al. (3):

The CMMT clinical presentation is usually hyperpigmented, homogeneous or heterogeneous in color, between black, blue or brownish, well-defined, up to 3 cm in diameter solitary or multiple and asymptomatic macules on the lateral or median dorsum of the tongue and frequently on the left side. Usually the size of the lesion increases with the child’s growth (2, 5, 7).

According to Dohil et al. the diagnosis of CMMT should be considered when solitary or multiple melanotic lesions on the tongue are present since birth, with proportional posterior growth and without family history of systemic conditions associated with mucosal pigmentation (3).

Classically it was considered more frequent in dark-skinned patients and a specimen, to exclude malignancy was recommended (3, 5); however, in a posterior review it was seen that the majority of cases occurred in white patients and the biopsy can be replaced by a follow-up, and only when significant changes take place it could be done to exclude malignant transformation (7).

It is important to note that no congenital melanocytic nevi or congenital melanoma on the tongue have been reported (2), and there were only two cases in adults with acquired oral melanosis with development of malignancy (7).

There are not a lot of case reports of congenital lingual melanotic macules presenting in newborns (4, 5), but probably this benign entity is underestimated.

Address to:
Dr. García-Montero P.P.
Department of Dermatology
Hospital Universitario de Fuenlabrada
Camino del Molino 2, Zip Code: 28942
Phone number: +34 91 600 6000
e-mail: pablo.garcia.montero@gmail.com

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