

Nuchal Salmon Patch Persisting into Adulthood

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Abstract

Erythema at the base of the head is often seen in healthy adults, and this nuchal erythema could be a persistent salmon patch. Nuchal salmon patches tend to persist, and are often seen in adults. Our survey found that 71.1% (32/45) of our adult subjects without skin disease had a salmon patch at the nuchal location. This incidence is higher than that indicated in previous reports. In this studying, most nuchal salmon patches have a drop shape.

Keywords: Salmon patch; Nuchal; Persistence; Typical rashes

Commentary

Salmon patch is a well-known raised vascular lesion in newborns [1] that develops on the head, forehead, neck or nuchal area. The incidence of salmon patch in newborns is reported to be 44% in Caucasian neonates [2], 33.8% in Australian neonates [3], 26.2% in Iranian newborns, 13.8% in Indian newborns [4], 19.2% in Turkish newborn infants [5], and 59% in Spanish newborns [6]. Salmon patch usually disappears with aging, and the persistence of salmon patch shows a lower rate, though nuchal salmon patches in particular tend to persist [7,8]. In one study, nuchal salmon patches were detected in 501 of 1,084 (46.2%) Danish school-aged girls and 382 of 1,087 (35.1%) Danish school-aged boys [9]. Another study found that 13 of 275 (4.7%) medical students developed nuchal salmon patches [7]. Verbov and Steinberg studied the presence or absence of a salmon patch over the occiput and nape in 67 males and 121 females, finding typical nuchal patches in 51 (42%) of the females and forty (60%) of the males [8]. We often see salmon patch persisting as a nuchal lesion (Figure 1), and we investigated this phenomenon in 45 subjects (male, 12; female, 33) without skin disease, aged 15 to 49 years. We excluded subjects younger than 15 years and older than 50 years from our survey, because people in these age groups often develop hemangioma or seborrheic dermatitis. The ratio of persistent nuchal salmon patch was higher than expected: we found it in 71.1% (32/45 cases) of our subjects (Table 1), specifically in 69.7% (23/33 cases) of female subjects and in 75% (9/12 cases) of males (Table 1). This is a higher incidence than that reported in other studies [7-9].

The most common symptom profile among these patients was “no symptoms” in 25 cases (78.1%). It is interesting that various shapes of nuchal salmon patch were found: dot, line, square, triangle, drop,

ellipse and irregular (Figure 2). Most cases showed a dot shape (12 cases); the next most-common was a line shape (6 cases) (Table 1). 87.5% (28/32 cases) were not aware of their salmon patch (Table 1).

Cases			Erythema		No Eruption	
Female	33		23	(69.70%)	10	
Male	12		9	(75%)	3	
Teenage	2		0	(0%)	2	
20-29	18		15	(83.30%)	3	
30-39	8		4	(50%)	4	
40-49	17		13	(76.50%)	4	
Positive Rates	32/45	(71.1%)			Shape	
					Dot	12
Symptoms	No	25	(78.1%)		Line	6
	yes	7			Irregular	5
					Circle	3
Aware	4				Square	2
Unaware	28	(87.5%)			Triangle	2
					Drop	1
					eclipse	1

Table 1: The data of nuchal salmon patch.



This is triangle shape.



This is dot shape.

Figure 1: Clinical findings of erythema on the base of the head.

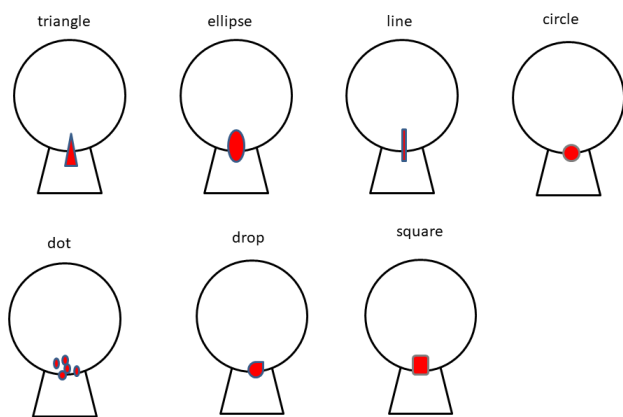


Figure 2: Shapes of typical rashes.

The reason for this high incidence remains unknown, and the shape of the patch may be associated with its likelihood to fade or disappear. To the best of our knowledge, there are no available statistical global data on nuchal salmon patches, possibly because most people, including physicians, are not interested in investigating it. The nuchal salmon patch should be investigated in studies that include more cases.

Conclusion

Nuchal salmon patches tend to persist and our study found an incidence of persistent nuchal salmon patch that was both higher than that in previous report and higher than we expected.

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