CASE REPORT

Eclipse and targetoid nevi

Gregorio Ortiz,* Lourdes Reyes,* María José Hernández,* María Cecilia Briones**

* *Second-Year Dermatology Resident, Universidad Católica de Santiago de Guayaquil (UCSG), Guayaquil, Ecuador.*
** *Dermatologist, Centro Dermatológico Úraga, Guayaquil, Ecuador*

Correspondence:
Gregorio Ortiz
g.enrique9207@gmail.com

Key words: melanocytic nevi, dermoscopy, scalp, melanoma

How to cite this article: Ortiz G., Reyes L., Hernández MJ., Briones MC. Nevo Eclipse y en Cocarda. - Reporte de casos clínicos. Rev Dermatol Cent Úraga. 2025;7(3).

Date of receipt: 04/07/2025
Date of acceptance: 26/11/2025

ABSTRACT

Eclipse nevus and targetoid nevus are benign variants of melanocytic lesions that may appear on the scalp, mimicking melanoma due to their clinical appearance. This report describes two pediatric cases: a boy with an eclipse nevus (light center with a pigmented rim) and a girl with a targetoid—or cockade—nevus (a "cockade-like" lesion with a dark center and hyperpigmented borders). Both showed typical dermoscopic patterns without signs of malignancy. Recognizing these entities is essential to avoid unnecessary biopsies or surgical procedures that may result in alopecic scarring. Regular clinical observation is recommended, particularly in children, as these lesions do not require intervention unless suspicious changes occur.

INTRODUCTION

The scalp is a special anatomical site when discussing melanocytic lesions due to the unique clinical and histopathological characteristics of nevi. Recent studies show that scalp melanoma accounts for 3–7% of all cutaneous melanomas. In contrast, melanocytic nevi have an incidence ranging from 0.5% to 11%, and most studies have been conducted in pediatric patients.[1]

Eclipse nevus and targetoid nevus are melanocytic lesions with very distinctive clinical characteristics, and they differ from common scalp nevi.[2] The eclipse nevus, also known as the "fried-egg nevus," is more common in children, in whom it is predominantly located on the scalp. It is characterized by a slightly elevated light or pinkish central area surrounded by a more pigmented or brown, irregularly shaped border. Dermoscopically, it typically shows a homogeneous central area with focal globules and the absence of a pigment network, bordered by a regular pigmented network.[3]

On the other hand, the targetoid nevus, also referred to as a "target-like nevus," is characterized by a pigmented center surrounded by a hypopigmented ring and peripheral hyperpigmented borders arranged in a cockade-like pattern. It may appear on the trunk, scalp, and other skin areas, and can be seen in both children and adolescents. Dermoscopically, it shows a homogeneous light center without atypical structures, along with a dark peripheral border exhibiting a regular reticular pattern.[4]

Despite the peculiar appearance of both melanocytic lesions, it is important to recognize them because they may exhibit certain ABCDE (asymmetry, border, color, diameter, evolution) criteria of melanoma. This can raise concern and lead to unnecessary excisions, even though these nevi are entirely benign.[5] In this report, we describe two patients diagnosed with an eclipse nevus and a targetoid nevus, and provide a corresponding review of the literature.

CASE REPORT 1

An 11-year-old male patient, with no relevant personal medical history, presented for evaluation of a lesion of approximately 2 years' evolution. The lesion measured 1 × 1 cm, was asymptomatic, and was located on the scalp in the right temporal region. Clinical examination revealed an annular plaque with a pink center and a more pigmented brown peripheral border forming a halo (Figure 1A). On dermoscopy, a denser reticular pigment pattern can be observed in the periphery, with lighter central pigmentation (Figure 1B).

CASE REPORT 2

A 9-year-old female patient, with no relevant personal medical history, presented for evaluation of a lesion of approximately 4 years' evolution. The lesion measured 1 × 1 cm, was asymptomatic, and was located on the scalp in the interparietal region. Clinical examination revealed a nummular plaque with a more pigmented brown center, peripheral lightening, and a hyperpigmented border (Figure 2A). Dermoscopy showed a central pigmented globule on a brown background and an irregular pigmented border with a reticular pattern (Figure 2B).

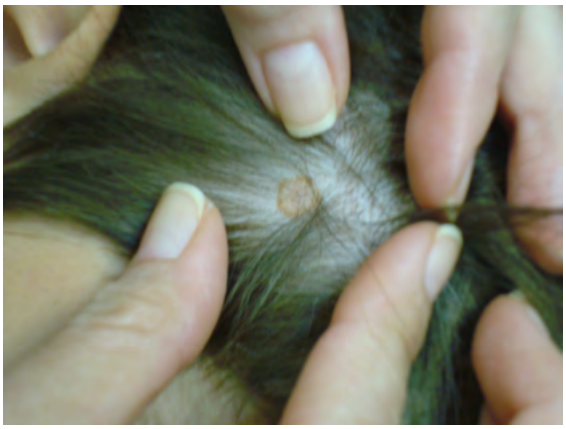

Figure 1A. Clinical photograph of an eclipse nevus.

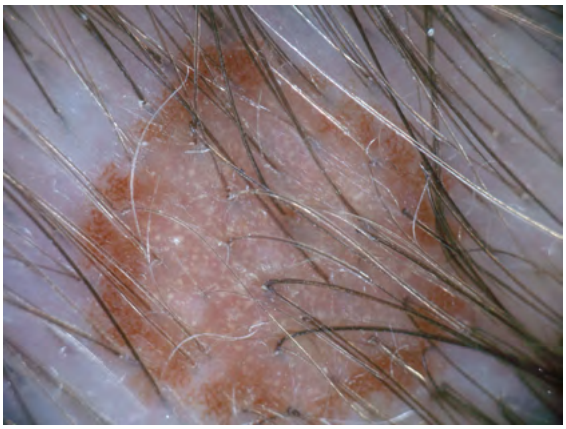

Figure 1B. Dermoscopic image of an eclipse nevus.

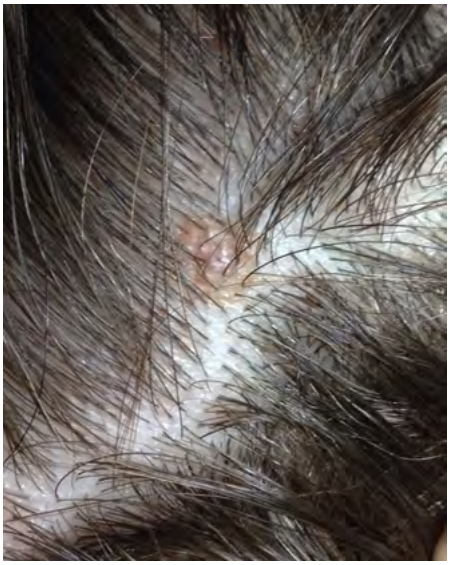

Figure 2A. Clinical photograph of a targetoid nevus.

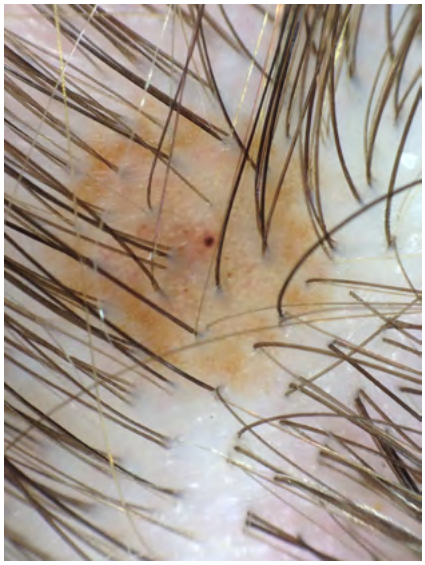

Figure 2B. Dermoscopic image of a targetoid nevus.

DISCUSSION

The eclipse nevus—characterized by a light or pink central area surrounded by a pigmented ring—and the targetoid nevus—with its cockade-like appearance—exhibit unique features that should not alarm dermatologists or prompt unnecessary biopsies. In general, nevi located on the scalp may display clinically concerning characteristics; however, their distinct histological features do not meet the criteria for melanoma, dysplastic nevus, or Clark nevus.[3,6]

In conclusion, recognizing these variants of melanocytic lesions on the scalp is essential to avoid surgical procedures that may lead to scarring alopecia. Nevertheless, routine follow-up in patients with atypical melanocytic lesions is recommended.

REFERENCES

1. De Giorgi V, Sestini S, Grazzini M, Janowska A, Boddi V, Lotti T. Prevalence and distribution of melanocytic naevi on the scalp: a prospective study. Br J Dermatol. 2010;162(2):345-9. doi:10.1111/j.1365-2133.2009.09486.x.
2. Suh KY, Bolognia JL. Signature nevus. J Am Acad Dermatol. 2009;60(3):508-14. doi:10.1016/j.jaad.2008.08.057.
3. No biopsy needed for eclipse and cockade nevi found on the scalps of children. Arch Dermatol. 2009;145(11):1334-6. doi:10.1001/archdermatol.2009.282.
4. Guzzo C, Johnson B, Honig P. Cockade nevus: a case report and review of the literature. Pediatr Dermatol. 1988;5(3):250-3. doi:10.1111/j.1525-1470.1988.tb00499.x.
5. Duman N, Özaygen GE, Elçin G. Multiple eclipse naevi on scalp of a child: awareness can prevent unnecessary surgery. J Curr Pediatr. 2015;13(2):131-3. doi:10.4274/jcp.96158.
6. Fabrizi G, Pagliarello C, Parente P, Massi G. Atypical nevi of the scalp in adolescents. J Cutan Pathol. 2007;34(5):365-9. doi:10.1111/j.1600-0560.2006.00630.x.

ORCID

Gregorio Ortiz *https://orcid.org/0009-0001-0623-2967*
Lourdes Reyes *https://orcid.org/0009-0008-4515-304X*
María José Hernández *https://orcid.org/0009-0003-9532-877X*