spots were found in 2320 (43%) neonates (1). During the year 2002–2003, Moosavi and Hosseini examined 1,000 consecutive newborns delivered at two university hospitals in Ahvaz, Iran. The most commonly observed skin lesion was Mongolian spot (71.3%) (2). In the previous studies in Iran, frequency of Mongolian spot was variable, which may be the result of racial diversity. Leung examined 92 Chinese Canadian newborn infants and 1,633 Chinese Canadian children for the presence of Mongolian spots. Mongolian spots were present in all newborns (3,4). Tsai and Tsai examined 3,345 Chinese infants under 48 hours of age and found Mongolian spots in 86.3% of them (3).

We found that the incidence of Mongolian spot was not significantly associated with sex, gestational age, mother's age groups and delivery type at two hospitals ($p > 0.05$) which was similar to other previous studies from Iran (1,2). The incidence of Mongolian spot in neonates born in Shariati Hospital was shown to be significantly associated with birth weight, a finding that is not documented in Lolagar Hospital.

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PIGMENTED FUNGIFORM PAPILLAE OF THE TONGUE

Abstract: **Pigmented fungiform papillae of the tongue is a benign condition characterized by localized hyperpigmentation confined to fungiform papillae. Although the condition is not rare and might be easily diagnosed in dark-skinned adults and children, it is seldom mentioned in the medical literature. Here, we describe an 11-year-old boy presenting typical features of pigmented fungiform papillae of the tongue.**

CASE REPORT

An 11-year-old black Brazilian boy, the only child of a nonconsanguineous marriage, reported to our department because of an infected epidermal cyst on the face. On physical examination, apart from a swollen erythematous nodule on the right malar region, multiple asymptomatic darkly pigmented fungiform papillae could be observed affecting the anterior and lateral sides of the tongue (Fig. 1). Complete physical examination was normal including eyes, nails, and genitals. Laboratory values (basic metabolic panel, complete blood count, iron test, and anti-nuclear antibodies) showed no alterations. The parents did not present similar pigmentation of the mucosae.

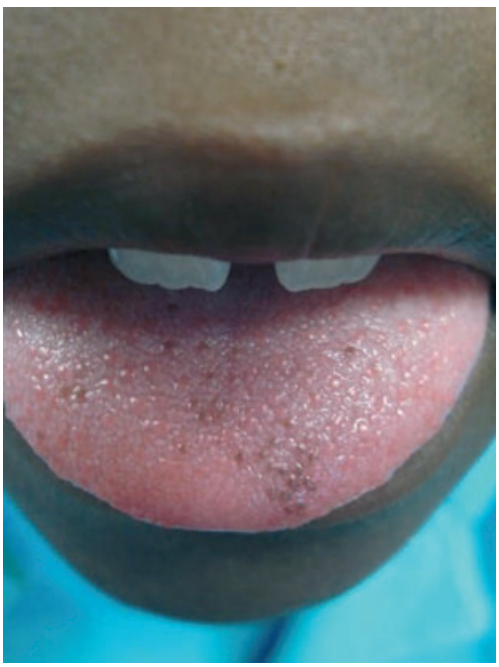

Figure 1. Pigmentation of the fungiform papillae of the tongue.

DISCUSSION

The surface of the tongue is covered by three types of papillae: fungiform, filiform, and circumvallate. Fungiform papillae are discrete projections predominating along the anterior and lateral aspects of the tongue. Filiform papillae, which are the most numerous, are distributed on the dorsal surface of the tongue, and circumvallate papillae, which are the largest but least numerous type of papillae, are found towards the posterior side of the tongue (1,2). Typical features of pigmented fungiform papillae of the tongue (PFPT) include well-circumscribed hyperpigmentation confined to these papillae only. Lesions are classically asymptomatic. The disorder usually initiates during late infancy and is not progressive. No nail, dental, or other cutaneous alterations are associated (1,3). Pigmented fungiform papillae of the tongue may be divided into three distinct clinical types. The first type is a well-circumscribed hyperpigmented patch, which involves all the fungiform papillae, located on the anterior-lateral side or tip of the tongue. Type II characterizes hyperpigmentation involving 3 to 7 fungiform papillae randomly scattered on the dorsal lingual surface, and the third type is associated with hyperpigmentation of every fungiform papilla on the dorsum of the tongue (4). Here, we describe an 11-year-old boy presenting features of PFPT type I.

Authors have generally considered PFPT a fairly common finding in darker-skinned patients (2). In 1973 Holzwanger et al (4) examined 300 random individuals and noted that among blacks, 30% of men and 25% of women had some hyperpigmentation of fungiform papillae. The disorder occurs most commonly among persons of African heritage; its prevalence varying from 0.4% to 33%. Among Asians and whites the prevalence is probably very low (5,6). The condition typically develops in the second or third decades of life, although onset may occur in childhood. The pathogenesis of PFPT is unknown. The acquired nature of the condition and the presence of melanophages in the lamina propria suggest a transient period of inflammation, but absence of inflammation is actually one of the histopathologic hallmarks. A relationship with systemic diseases, including hemochromatosis, iron deficiency, ichthyosis linearis circumflexa, and scleroderma has been described, although most patients are healthy (7,8). Differential diagnosis of PFPT include amalgam tattoo, PJ syndrome, Addison disease, von Recklinghausen syndrome, melanocytic nevus, melanoma, and black hairy tongue (4,9). No effective treatment has been reported.

Variations in physiologic appearance may be confused with pathologic conditions, leading to dispensible biopsies and wrong treatment procedures. When confronted with African American patients with asymptomatic dark spotty pigmentation of the tongue, a diagnosis of PFPT must always be considered, so as to avoid unnecessary investigation procedures.

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NIPPLE ADENOMA IN AN ADOLESCENT

Abstract: **Nipple adenoma is a rare tumor of the breast which usually appears in middle age women and rarely in adolescents. We describe a 15-year-old female diagnosed with nipple adenoma. Nipple adenoma is a benign neoplasia which should be recognized to avoid confusion with breast cancer.**

CASE REPORT

A 15-year-old girl developed a nodule on her left nipple which had appeared 6 months before consultation, and