

## Becker's Nevus with Bilateral and Symmetrical Involvement of Trunk

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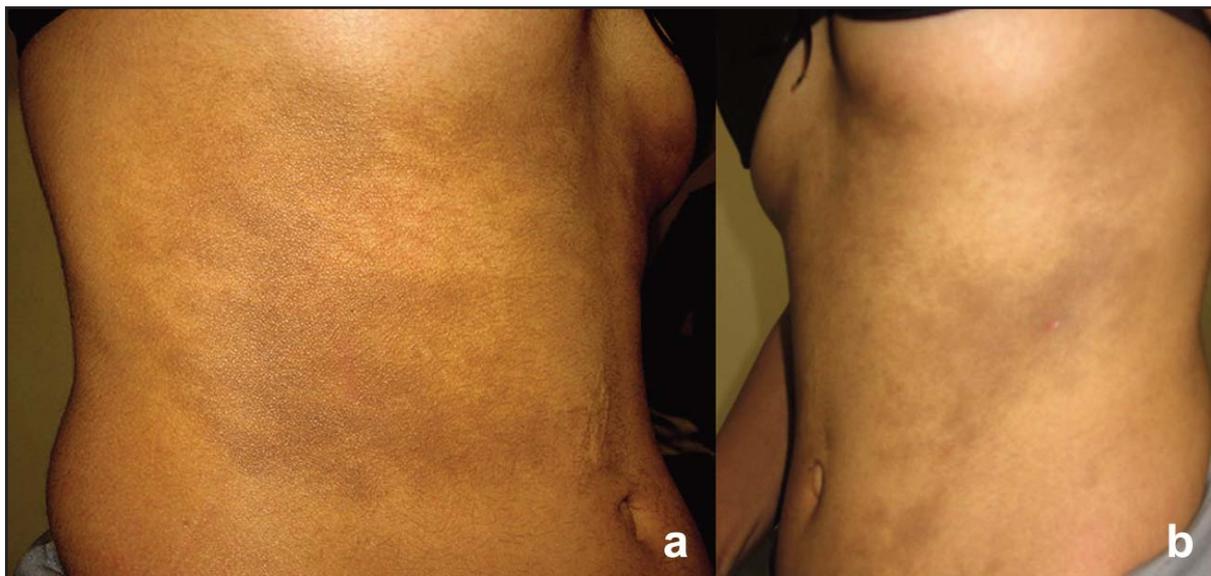
### Abstract

**Observations:** Becker's nevus is a relatively common acquired focal epidermal melanotic hypermelanosis. The disease is usually characterized by a unilateral, hyperpigmented, hypertrichotic patch on the upper trunk or proximal upper extremities of males. Becker's nevus, bilateral and symmetrical involvement has been reported rarely. Here is presented a rare case of bilateral, symmetrical, giant, non-syndromic Becker's nevus.

### Introduction

Becker's nevus (BN), also known as Becker's melanosis, Nevoid melanosis, Becker's pigmented hamartoma, pigmented hairy epidermal nevus is a relatively common epi-

dermal melanotic hypermelanosis [1, 2, 3]. The disease is characterized by a unilateral, hyperpigmented patch with varying degrees of hypertrichosis [1]. BN are generally unilateral, but there are very few reported



**Figure 1a, b.** Bilateral, symmetrical, hyperpigmented macules and patches on two sides of the abdomen region

cases of bilateral lesions [1, 4, 5, 6]. We report a rare case of bilateral, symmetrical, giant, non-syndromic BN.

### Case Report

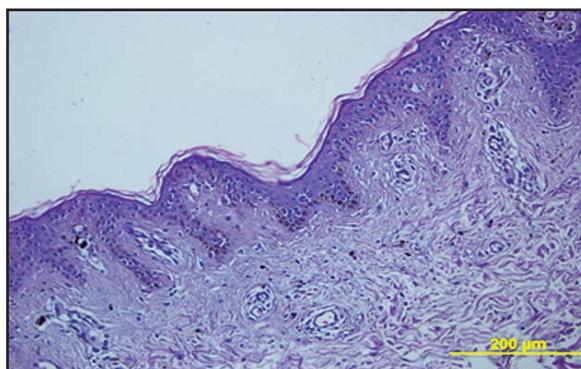
A 16-year-old female patient was admitted to the Sanliurfa University, Medical Faculty, Department of Dermatology, in January 2012 for evaluation of widespread dark patches on his trunk. From the age of 11 years, the patient noted a change in the color of the skin overlying his bilateral trunk. A history of the patient, the asymptomatic hyperpigmented lesions first appeared before 12 years and continued to darken over time. His past medical history was nonsignificant, and his family had no history of similar disorders.

Dermatological examination showed bilateral, symmetrical, hyperpigmented macules and patches on two sides of the abdomen region (**Figure 1a, b**). The area of macular pigmentation was non-infiltrated and margin was uncertain and irregular. There were no fine hairs over pigmented area. No other congenital abnormality was detected.

General examination and systemic examination revealed no abnormality. Biopsy report showed slight hyperkeratosis and regular elongation of the rete ridges in the epidermis. There was hyperpigmentation of the basal layer and melanophages were present in the upper dermis (**Figure 2**). Based on the patient's history, physical and histopathological examination, a diagnosis of BN was made.

### Discussion

BN, was first described in 1949 by Dr. S. W. Becker as a "concurrent melanosis and hypertrichosis in the distribution of nevus unius lateris" [1]. The general prevalence is around 0.5% and males are more commonly affected, with a male to female ratio of 5:1 [5]. Most often it is acquired and manifests during childhood or adolescence. But acquired BN syndrome is uncertain. Autosomal dominant inheritance with incomplete penetrance and variable expressivity has been hypothesized [1].



**Figure 2.** Slight hyperkeratosis and hyperpigmentation of the basal layer

BN commonly presents as a unilateral hyperpigmented, irregular macule, patch or verrucous plaque with a variable hypertrichotic element (in 56%) located over the shoulder, anterior chest or scapula, and back, and rarely, on the face, neck, and extremities [1, 7]. Bilateral involvement have been reported a few cases in the literature so far [1, 4, 5, 6, 8, 9]. To the authors' knowledge, there have been only three cases of bilateral BN described as roughly symmetrical in the English language literature [1, 8, 9]. Our case represents an acquired, symmetrical, giant, non-syndromic bilateral BN, a rare presentation.

Hypertrichosis was approximated to occur in 50 percent. BN in women is less to be determined with comparatively less hypertrichosis and hyperpigmentation than lesions in men, presumably due to relatively less circulating androgens [1]. Association of a variety of noncutaneous abnormalities has been described in BN. Aplasia of the ipsilateral pectoralis major muscle, unilateral hypoplasia of the breast, ipsilateral limb shortening, localized lipoatrophy, spina bifida, scoliosis, pectus carinatum, congenital adrenal hyperplasia and an accessory scrotum had also been reported to be associated [5]. In our cases, there are no noncutaneous abnormalities and hypertrichosis.

Patients with BN are primarily problem cosmetic reasons. These patients often complain about hypertrichosis or hyperpigmentation. There are various treatments such as ablative lasers like the 2940-nm erbium: yttrium-aluminum-garnet (Er:YAG) laser, and pigment-specific, Q-switched lasers, such as alexandrite, ruby and neodymium:YAG (Nd:YAG) [1].

As a result, patients with of BN should be evaluated for systemic anomalies such as soft tissue, muscular and skeletal developmental abnormalities.

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