



# Brown Hairy Area

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A 17-year-old male presents with a three-year history of an increasingly evident hyperpigmented and hypertrichotic area. It is asymptomatic and he is otherwise healthy.

## 1. What is the most likely diagnosis?

- Large congenital melanocytic nevus
- Becker's nevus
- Melanoma
- Acanthosis nigricans
- Nevus sebaceus

## 2. This lesion has been associated with which of the following?

- Ipsilateral limb hypoplasia
- Spina bifida occulta
- Scoliosis
- Ipsilateral breast hypoplasia
- All of the above

## 3. How might you manage this lesion?

- Reassurance
- Laser hair removal if patient requests it
- Potent topical steroid
- Systemic antifungal
- a and b

Becker's nevus is an organoid nevus with hamartomatous elements, not a melanocytic nevus. There is an association with ipsilateral hypoplasia of breast and skeletal anomalies including scoliosis, spina bifida occulta, or ipsilateral hypoplasia of a limb which has been termed the Becker nevus syndrome, a sporadic condition. Other than the syndrome, in the



Figure 1. A hyperpigmented and hypertrichotic area.

majority of cases it is considered a benign process, although there have been a few reports of melanoma within a Becker nevus.

The diagnosis is usually clinical, although a skin biopsy can provide histologic diagnosis and helps distinguish it from other clinical entities, all of which are benign.

Patients should be informed that this is a benign entity that does not require treatment except for cosmetic reasons. Patient concerns relate to the hyperpigmentation and/or the hypertrichosis.

Q-switched ruby laser (694 nm) has been used with variable success in the treatment of both the hypertrichosis and hyperpigmentation of Becker's nevus. Electrolysis is another option for the hypertrichosis. **Dx**

Answers: 1-b; 2-e; 3-e

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