BECKER'S NEVUS AND IPSILATERAL BREAST HYPOPLASIA

Karam Ibrahim, M.D., C.E.S. *, Tallal Tallab, F.R.C.P.*, Khaled A. Bahamdan, M.D.*, and Ashok K. Khare, M.D.**

* Assistant Professor and Consultant Dermatologist Division of Dermatology, Department of Medicine, College of Medicine, King Saud University, Abha Branch, Abha, Kingdom of Saudi Arabia.

** Consultant Dermatologist, Division of Dermatology Department of Medicine, Asir Central Hospital, Abha, Kingdom of Saudi Arabia

INTRODUCTION

Becker's nevus, also known as Becker's melanosis or pigmented hairy epidermal nevus, is a fairly common condition seen in all racial groups. This entity was first described by Becker, in two of his patients, as concurrent melanosis and hypertrichosis in distribution of nevus unius lateralis(1). It is about five times more frequent in males than in the females and usually first noticed during adolescence(2). Familial cases have also been described(3). It manifests as sharply demarcated hyperpigmented patch characteristically situated over the shoulder, anterior chest or scapular region. It enlarges slowly in irregular fashion to give a geographical configuration. The hypertrichosis develops a year or two later in the pigmented area(4). Occasionally the hypertrichotic element of Becker's nevus never appears(2) or may not be evident in early lesions or in fair complexioned individuals(4). Histological examination reveals that the epidermis is thickened, and the interpapillary ridges and dermal papillae are elongated. The surface may be slightly hyperkeratotic. The basal and suprabasal

keratinocytes are heavily pigmented. A few melanophages are generally present in the upper dermis. The dermis is thickened, and contains numerous, though often inconspicuous, bundles of smooth muscle fibers, unrelated to hair follicles or blood vessels⁽²⁾. We report a 17-year-old female with Becker's nevus and ipsilateral breast hypoplasia.

Case Report:

A 17-year-old female reported for an asymptomatic, gradually progressive, brownish lesion of one year duration on the right shoulder, right arm and adjoining part of right side of the chest. The onset was insidious. None of the other family members were said to have similar lesion. Examination revealed a well defined, irregular, smooth, non-scaly, uniformly brownish patchy lesion in geographical configuration. Hypertrichosis was not present on the affected region. Her right breast was found to be hypoplastic (Fig. 1). The texture of the lesional skin was normal. On systemic examination, no abnormality was detected.

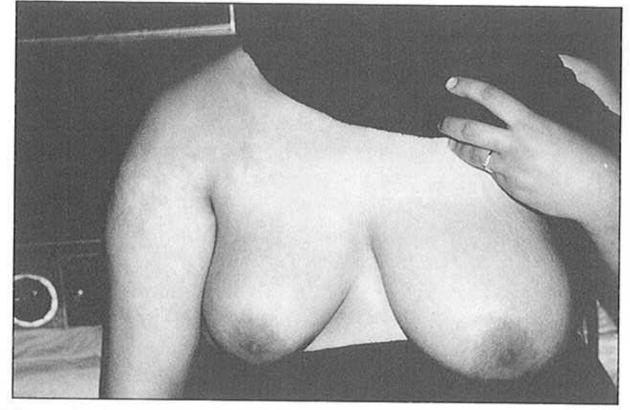


Figure 1: Becker's nevus with ipsilateral breast hypoplasia.

DISCUSSION

In our case also, the Becker's nevus was first noticed at 16-year-age on the characteristic sites. At the time of examination, hypertrichosis was not present in this case too.

Usually Becker's nevi occur without any associated pathology. Sometimes it has been reported in

Correspondence:

Dr. Khaled A. Behamdan

Assistant Professor, College of Medicine King Saud University P.O. Box 641, Abha, Kingdom of Saudi Arabia association with soft tissue and bony abnormalities. The associated features have been epidermal and dermal nevi⁽²⁾, hypoplasia of breast⁽⁵⁻¹²⁾, limb asymmetry^(5,7,13), scoliosis^(6,11), spina bifida⁽⁷⁾, hypoplasia of pectoralis major muscle⁽⁸⁾, hypoplasia of labium minus⁽¹²⁾, lipoatrophy⁽¹²⁾, smooth muscle hamartoma ^(14,15) and accessory scrotum⁽¹⁶⁾. In present case too, ipsilateral hypoplasia of breast was associated with Becker's nevus. This nevus has been seen in our clinics quite frequently. This is the first time we have seen this rare association.

The local androgen hypersensitivity has been suggested as major aetiological factor of this nevus because of its late onset, usually in adolescence, the male predominance and the hypertrichosis. 2 person and Longcope⁽¹⁷⁾, in 1984 reported increased an-

drogen receptors in Becker's nevus. The concentration of androgen receptors in it has been shows to be comparable to that in genital skin suggesting a role for androgen stimulation in Becker's nevus as well as scrotal skin. The association of acquired hypoplasia of the breast and ipsilateral Becker's nevus may explain the role of the presence of cellular receptors to steroid hormones in the ontogenesis and the functional maturation of glandular structures of the skin⁽¹⁸⁾. Formigon et al11 also in 1992, detected high androgen receptor activity of pigmented skin and non detectable receptor activity on the contralateral skin in two patients of Becker's nevus with ipsilateral breast hypoplasia and scoliosis. Increased androgen sensitivity could be responsible for hypoplasia of breast.

REFERENCES

- 1. Becker SW. Concurrent lelanosis and hypertrichosis in distribution of nevus unius lateralis. Arch Dermatol 1949; 60: 155-160.
- 2. Atherton DJ. Naevi and other developmental defects. In: Champion RH, Burton JL, Ebling FJG, eds. Textbook of Dermatology, 5th Ed. Vol. 1. Oxford: Blackwell Scientific Publications, 1992; 462.
- 3. Panizzon RG. Familial Becker's Nevus. Int J Dermatol 1990; 29: 158.
- 4. Ho VCY, Mclean DI. Benign epithelial tumours. In: Fitzpatrick TB, Eisen AZ, Wolff K et al, eds. Dermatology in General Medicine, 4th Ed. Vol. 1. New York: McGraw-Hill, 1993: 863.
- 5. Copeman PWM, Wilson Jones EWJ. Pigmented hairy epidermal nevus (Becker). Arch Dermatol 1965, 92: 249-251.
- 6. Mascaro JM, Galyde Mascaro C, Pinol J. Historia natural del nevus de Becker. Med cutan Ibero Lat Am 1970; 5: 109-117.
- 7. Glinick SE, Alper JC, Bogaars H et al. Becker's melanosis: Associated abnormalities. J Am Acad Dermatol 1983; 9: 509-514.
- 8. Moore JA, Schosser RH. Becker's melanosis and hypoplasia of the breast and pectoralis major muscle. Pediatr Dermatol 1985; 3: 34-37.
- 9. Blanc F, Jeanmongin M, Civatte J. Nevus de Becker ethypoplasie mammaire. Ann Dermatol Venereol 1988; 115: 1127-1128.
- 10. Friedel J, Champy M, Seltan A et al. Cas Pour diagnostic:

- naevus de Becker avec hypoplasie mammaire ipsilaterale. Ann Dermatol enereol 1988; 1059-1060.
- 11. Formigon M, Alsina MM, Mascaro JM. Becker's nevus and ipsilateral breast hypoplasia. Androgen receptor study in two patients. Arch Dermatol 1992; 128: 992-993.
- 12. Gerwen HJL, Koopman RJJ, Steijlen PM et al. Becker's nevus with localised lipoatrophy and ipsilateral breast hypoplasia. Br. J Dermatol 1993; 129: 213.
- 13. Lucky AW, Saruk M, Lerner AB. Becker's nevus associated with limb asymmetry. Arch Dermatol 1981; 117, 243.
- 14. Heneke E. The dermal component in melanosis naeviformis Becker. J Cutan Pathol 1979; 6: 53-58.
- 15. Urbanek RW, Johnson WC. Smooth muscle hamartoma associated with Becker's nevus. Arch Dermatol 1978; 114: 104-106.
- 16. Szylit JA, Grossman ME, Luyando Y et al. Becker's nevus and an accessory scrotum. A unique occurence. J Am Acad Dermatol 1986; 14: 905-907.
- 17. Person JR, Longcope C. Becker's nevus: an androgen mediated hyperplasia with increased androgen receptors. J Am Acad Dermatol 1984; 10: 235-238.
- 18. Friedel J, Heid E, Dallara JM et al. Naevus pharmacologiques on fonctionnels. Hamartomes cutanes par anomalies des recepteurs cellulaires hormonaux. Ann Dermatol Venereol 1991; 118: 645-654.