www.jcimcr.org

JCIMCR OPEN ACCESS Journal of Clinical Images and Medical Case Reports

ISSN 2766-7820

Short Report

Open Access, Volume 5

Becker nevus associated with spina bifida

Hamraoui H*; Baybay H; Soughi M; Elloudi S; Douhi Z; Mernissi FZ

Department of Dermatology, CHU Hassan II of Fez, Faculty of Medicine and Pharmacy of Fez, Sidi Mohammed Ben Abdellah University, Fez, Morocco.

***Corresponding Author: Hafsa Hamraoui**
Department of Dermatology, CHU Hassan II of Fez, Faculty of Medicine and Pharmacy of Fez, Sidi Mohammed Ben Abdellah University, Fez, Morocco.
Email: hafsa.hamraoui@usmba.ac.ma

Received: Mar 27, 2024
Accepted: Apr 24, 2024
Published: May 01, 2024
Archived: www.jcimcr.org

DOI: www.doi.org/10.52768/2766-7820/3022

Abstract

Becker nevus syndrome is a rare disease characterized by a Becker nevus associated with developmental abnormalities. Development, such as ipsilateral breast hypoplasia or other cutaneous, muscular or skeletal abnormalities. cutaneous, muscular or skeletal. We present a rare case of Becker nevus syndrome with spinal cord involvement.

Keywords: Becker's neavus syndrome; Spina bifida; Hamartoma.

Introduction

Becker's Nevus (BN) is an isolated benign cutaneous hamartoma, first described by William Becker in 1949 [1]. BN is characterized by unilateral hyperpigmented plaques with or without hypertrichosis [2]. The prevalence of BN was 0.52% with a male-to-female ratio of 4:1 in the peripubertal period or early adulthood [3]. In 1997, Happle proposed the term "Becker nevus syndrome" to describe the association of BN with other cutaneous (mainly ipsilateral breast hypoplasia), muscular and skeletal abnormalities [4]. We report the case of a girl who presents with Becker neavus associated with spinal cord injury.

Observation

This is a 10-year-old child operated on for spina bifida at birth from a non-consanguineous marriage who consulted for a lesion dating back to birth, the dermatological examination revealed the presence of hypertrichosis localized at the lumbosacral level. Sacral surmounted on the right side by an atrophic scar related to the previous operation the action to be taken was to request a lumbosacral MRI which revealed Diastematomyelia type I associating a division of the cord and a fibrous septum Hydromyelia at the level of L1-L2. Lower marrow attached with sacral dysraphism and sacral lumbo dural mega-sac. The file was discussed with the pediatricians who eliminated a contraindication to hair removal laser then the patient was put on Nd yag Spot laser 9 mm 15 d/cm^2 1.6 ms 6 Hz having received two sessions with slight improvement.

Discussion

Becker's nevus is also known as Becker's melanosis. It is a benign lesion which can present itself as congenital or acquired with glabrous or hypertrichotic lesions [5]. Some authors consider it to be exclusively congenital but androgen dependent [6]. Panizzon et al. proposed three varieties of BN, according to clinical presentation: melanotic (39%), hypertrichotic (19%) and mixed types (42%) [7] called Becker nevus syndrome when associated with ipsilateral breast hypoplasia or muscle defects of the skin or skeleton. Considered a rare syndrome belonging to epidermal nevus syndromes [8]. It presents clinically with multiple macules associated with hypertrichosis and hyperpigmentation of the trunk or shoulder with unilateral distribution. It can also present in the form of non-hairy BN [9]. Histologically it is characterized by acanthosis, epidermal hyperpigmentation, papillomatosis, hyperplasia of the arrector pili muscle and melanophages in the dermis [10] generally the Diagnosis of Becker

Figure 1: Hypertrichosis in the sacral region.

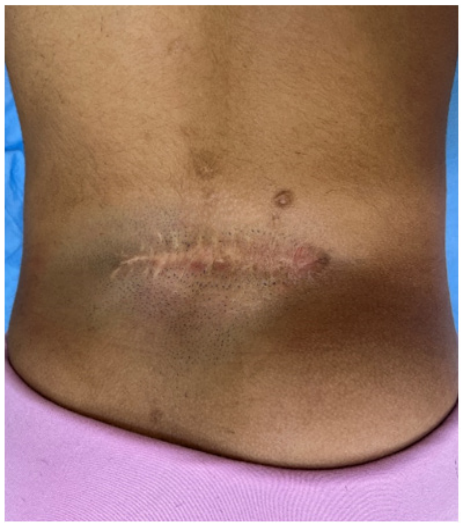

Figure 2: Clinical photo after one laser session.

neavus syndrome is clinical, it associates the presence of Becker neavus and other abnormalities which may include ipsilateral hypoplasia of the shoulder or arm, ipsilateral hypoplasia of the breast, supernumerary nipple, facial asymmetry, cutaneous hypoplasia of the temporal region, spina bifida like the case of our patient [11].

The treatment is not specific and can be done by dermabrasion [12], cryotherapy, also various laser treatments have been used alone or jointly. The number of BN treatments ranged from 1 to 12 and the laser wavelengths used ranged from 504 to 10,600 nm. Although a combination of lasers of different wavelengths seems more effective [13] a reduction in hyperpigmentation by the use of topical flutamide which is a topical anti-androgen [14] some authors report the effectiveness of oral spironolactone in Becker nevus associated with breast hypoplasia [15].

Conclusion

We report this case to raise awareness among clinicians of this syndrome which is often associated with a negative socio-psychological impact and aesthetically unpleasant for patients.

References

1. Wu PR, Liu LJ, Zhang YX, Liu Y, Lin XX, Ma G. Intense pulsed light treatment for Becker's nevus. J Dermatol Treat. 2019: 1-6.
2. Rasi A, Berenji Ardestani H, Tabaie SM. Hypertrichosis Is Not so Prevalent in Becker's Nevus: Analysis of 47 Cases. ISRN Dermatol. 2014; 2014: 953747.
3. Tymen R, Forestier JF, Boutet B, Colomb D. Naevus tardif de Becker. A propos d'une série de 100 observations. Ann Dermatol Venereol. 1981; 108: 41-6.
4. Happle R, Koopman RJ. Becker nevus syndrome. Am J Med Genet. 1997; 68: 357-61.
5. Baalann KP, Krishnan M. Becker's nevus. Pan Afr Med J. 2022; 41: 142.
6. Sheng P, Cheng YL, Cai CC, Wu YY, Shi G, Zhou Y, and al . Overexpression of Androgen, Oestrogen and Progesterone Receptors in Skin Lesions of Becker's Naevus. Acta Derm Venereol. 2018; 98: 867-872.
7. Panizzon R, Brüngger H, Vogel A. Zur Problematik des Becker-Nävus Eine klinisch-histologisch-elektronenmikroskopische Untersuchung an 39 Patienten . Hautarzt. 1984; 578-84.
8. Rongbiao LU, Ha MA, Chun LU, Wei LAI .Becker's nevus syndrome with bilateral skin involvement. Dermatologica Sinica. 2014; 107: e10 9.
9. Patrizi A, Medri M, Raone B, Bianchi F, Aprile S, Neri I. Clinical characteristics of Becker's nevus in children: report of 118 cases from Italy. Pediatr Dermatol. 2012; 29: 571-4.
10. Pektas SD, Akoglu G, Metin A, Adiyaman NS, Demirseren ME. Becker nevus syndrome presented with ipsilateral breast hypoplasia. Indian J Dermatol. 2014; 59: 634.
11. Torchia D. Becker nevus syndrome: A 2020 update. J Am Acad Dermatol. 2021; 85: e101-e103.
12. Hafezi H, Galehdari H, Rezaie M, Moeini R. Successful treatment of Becker's nevus with dermabrasion by sandpaper: A case report. Clin Case Rep. 2021; 00: e04725.
13. Bhardwaj M, Joshi A, Chakole S, et al. Becker's Nevus in a Male: A Case Report. Cureus 2023; 15(9): e45005.
14. Taheri A, Mansoori P, Sandoval LF, Feldman SR. Treatment of becker nevus with topical flutamide. AAD. 2013; (3)69: e147-e148.
15. Chikani UN, Ohuche IN. Bisi-Onyemaechi AI. Becker's nevus syndrome: a case report. J Med Case Rep. 2021; 15(1): 395.