

Short Communication

Acral Becker's nevus: A very rare clinical presentation

A 31-year-old male presented with brownish hyperpigmentation over dorsal aspect of right hand and forearm for eight years. The pigmentation started at dorsal aspect of hand which spread to a diameter of several centimeters and with time new patches developed more proximally over distal forearm and fused with it. On examination, there was brownish hyperpigmented macular pigmentation of the size 10cm x 4cm with irregular margins present on the dorsal aspect of right hand and distal one fourths of the forearm associated with hypertrichosis (**Figure 1**). Rest of the cutaneous and systemic examination was unremarkable. Histopathology was consistent with Becker's nevus. Based on history, suggestive clinical findings and further supported by histopathology, a diagnosis of acral Becker's nevus was made.

Becker's nevus is an acquired and persistent asymmetrical area of skin pigmentation which shows some evidence of androgen hypersensitivity. It was first described by William Becker in 1948 in two young men who were having acquired melanosis and the associated hypertrichosis in a unilateral distribution.¹ Cutaneous mosaicism has been proposed as an etiological factor since most cases occur sporadically and in an asymmetrical distribution.² A prevalence of 0.25% has been reported. The usual presentation is during adolescence, though childhood cases are seen less commonly. Congenital cases have been reported rarely. The lesion may be initially pale in colour and becomes more prominent after



Figure 1 Acral Becker's nevus in a 31-year-old male.

exposure to sun. Usually the lesion starts as an area of irregular macular pigmentation that progresses to a diameter of few centimetres; new macular lesions develop beyond the margin and fuse with it thus giving a typical geographical border of the lesion. Towards the centre of the lesion, the skin may become thickened and increased growth of terminal hair may appear on and around the lesion and have been reported in about 70% of the cases.³ The usual sites which are involved include shoulder, anterior chest and scapular region. Lesions on face, neck and distal limbs have been reported less commonly.⁴ Presence of lesions on the hands have rarely been reported obliging us to present this case.

The diagnosis of a well-developed Becker's nevus is straightforward. In early lesions, typical site, age of onset and geographical outline help to differentiate Becker's nevus from nevoid and whorled hypermelanosis and from café-au-lait macule. Another differential is the acquired smooth muscle hamartoma which has similar clinical and histopathological features, but in different proportions, with more smooth muscle component and less pigmentation.⁴

Treatment for Becker nevus is mainly for cosmetic reasons. Lasers form the main treatment modality. The various lasers that have been used for the treatment of Becker's nevus include Q-switched ruby laser (694 nm),

Er:YAG laser (2940 nm), Q-switched Nd:YAG laser, long-pulsed alexandrite laser (755-nm) and combination of long-pulsed 1064-nm Nd:YAG laser and 1550-nm Er-doped non-ablative fractional laser in a sequential manner.⁴⁻⁷ Advice on cosmetic camouflage can also be helpful.

References

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