Asymmetrical Bilateral Becker Nevus: An Extremely Rare Occasion, First Yemeni Case Report

Alshami MA*, Alshami HM and Mohana MJ

Department of Dermatology and Venerology, Faculty of Medicine and Medical Sciences, Sana’a University, Sana’a, Yemen

*Corresponding author:
Prof. Mohammad Ali Alshami,
Department of Dermatology, and Venerology,
Faculty of Medicine and Medical Sciences, Sana’a University, Sana’a, Yemen, Tel: 00967-733760082;
E-mail: Mohammadalshami62@gmail.com

Received: 07 Jan 2023
Accepted: 27 Feb 2023
Published: 06 Mar 2023
J Short Name: AJSCCR

Copyright: ©2023 Alshami MA, This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and build upon your work non-commercially.

Citation: Alshami MA. Asymmetrical Bilateral Becker Nevus: An Extremely Rare Occasion, First Yemeni Case Report. Ame J Surg Clin Case Rep. 2023; 6(8): 1-3

1. Abstract
Becker nevus or Becker melanosis, is a relatively common hypermelanosis manifesting at puberty, mostly unilateral, and over shoulder area. It is a companyed by hypertrichosis, and smooth muscle hamartoma. It was rarely reported in atypical sites or in a bilateral distribution. Few cases of bilateral symmetrical, but only one case of bilateral asymmetrical fashion have been reported. We present a 24 years old male patient who presented with bilateral Becker nevus one over the right anterior chest, and the second over the posterior scapular area. Both nevi show coarse hairs in comparison to not affected areas. To the best of our knowledge, this atypical asymmetrical distribution of BM has not been reported in the world literature.

2. Introduction
Becker melanosis (BM), also known as Becker nevus, or Becker’s pigmentary hamartoma, is considered to be a benign, late-onset type of epidermal nevus. It was first described in 1949, by Samuel William Becker as “concurrent melanosis and hypertrichosis in the distribution of nevus unius lateris.” [1]. A role for androgens in the pathogenesis of BM is supported by the presence of associated features like hypertrichosis, male preponderance, peri pubertal development, and acneiform lesions [2]. Additionally, an increased number of androgen receptors in lesions of BM, has been reported. An estimated prevalence of 0.5% for BM among males has been reported [3]. Usually the lesion appears at puberty, but rarely at birth or early childhood. Familial cases of BM have been reported, and few studies have reported a higher incidence among people with darker skin [4]. A beta-actin post-zygotic mutations have been associated with both Becker nevus and Becker nevus syndrome [5]. When associated with other ectodermal abnormalities like ipsilateral hypoplasia of the breast, pectoral muscle and fat, smooth muscle hamartomas, limb hypertrophy, or accessory scrotum, the term Becker nevus syndrome, first introduced in by Happel, is used [6]. A few cases of multiple and bilateral BM have been reported in the literature [7,8 9]. Hence, a unique case of a 24-year-old healthy male with asymmetrical, bilateral BM, one over the right anterior, and the second over the left posterior upper back is reported.

3. Case Report
A 24 years old male presented to the dermatology clinic with two hypermelanotic, hypertrichotic patches, one over the anterior right chest, and the second over the left scapular area. They started to appear at age 16 years, as small hypermelanotic patches that gradually enlarged and were covered with fine then coarse hairs. On cutaneous examination there were 13x20 cm large homogeneous light brown patch over right pectoral area, covered with dark coarse hairs, with irregular boarders. A similar lesion 13x 25 cm large, was noted over left scapular area. The surrounding areas were free of this abnormality. Only five case reports of symmetrical bilateral BM, but only one report of asymmetrical bilateral BM have been published. Our case is unique as one of BM is on the right-anterior while the second is on the left-posterior side of the trunk (Figures 1-2).
4. Discussion

Becker melanosis (BM), also known as Becker nevus, or Becker’s pigmented hamartoma, is considered to be a benign, late-onset type of epidermal nevus. It was first described in 1949, by S. William Becker as “concurrent melanosis and hypertrichosis in the distribution of nevus unius lateris.” [1]. A role for androgens in the pathogenesis of BM is supported by the presence of associated features like hypertrichosis, male preponderance, peri pubertal development, and acneiform lesions [2]. Additionally, an increased number of androgen receptors in lesions of BM, has been reported. An estimated prevalence of 0.5% for BM among males has been reported [3]. Usually the lesion appears at puberty, but rarely at birth or early childhood. Familial cases of BM have been reported, and few studies have reported a higher incidence among people with darker skin [4]. A beta-actin post-zygotic mutations have been associated with both Becker nevus and Becker nevus syndrome [5]. When associated with other ectodermal abnormalities like ipsilateral hypoplasia of the breast, pectoral muscle and...
fat, smooth muscle hamartomas, limb hypertrophy, or accessory scrotum, the term Becker nevus syndrome, first introduced in by Happel, is used [6]. Only five case reports of symmetrical bilateral BM, but only one case report of asymmetrical bilateral BM have been published [7-10]. Hence, the case of a 24-year-old healthy male with asymmetrical, bilateral, BM over the right anterior, and left posterior upper back is reported. Our case is unique as one of BM is on the right-anterior while the second is on the left-posterior side of the trunk.

References