

Hyperpigmented Patch in a 10-Year-Old Boy

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A healthy 10-year-old boy presented to the dermatology department due to an asymptomatic pigmented area on his left scapular area. It was first seen six months earlier and it remained stable in shape and dimension. He had no other signs or symptoms and no family history of similar skin lesions. Physical examination revealed a well-demarcated and uniform hyperpigmented large patch (26 x 27 cm) consisting of numerous brownish macules on his left upper torso extending onto the deltoid area (Fig. 1). The remaining physical examination was unremarkable. A clinical diagnosis of Becker's *nevus* was made.

Becker's *nevus* is a benign nevoid hypermelanosis characterized by a circumscribed hyperpigmented patch with an irregular edge and, often, hypertrichosis.^{1,2}

Although it can be present at birth, it usually emerges between the first and second decade of life, becoming more prominent after puberty and, occasionally, after sun exposure.^{3,4}

It typically appears in adolescent males, displaying an incidence five times higher than in females. The etiology is unknown, although it seems to be related to an increase in androgen receptors or sensitivity, concordant

with the significant preponderance observed in men. Most of cases are sporadic, but familial inheritance has also been reported.^{1,5}

Becker's *nevus* is generally asymptomatic, unilateral and, usually, develops on the shoulder, scapula, upper chest and upper arms but it may emerge on other less commonly affected areas (face, neck, extremities, groin, and genitalia).^{2,5}

In physical examination, the hyperpigmentation may appear as a single irregular macular hyperpigmentation or multiple hyperpigmented macules arranged in a checkerboard pattern. In addition, overlying hypertrichosis frequently develops several years after the onset of pigmentation.^{1,5}

When associated with noncutaneous anomalies (ipsilateral breast hypoplasia, supernumerary nipples, aplasia/hypoplasia of the *pectoralis major* muscle, smooth muscle hamartoma, lipoatrophy, and skeletal anomalies) the term Becker *nevus* syndrome is used.⁵

Differential diagnoses include congenital melanocytic *nevus*, *café au lait* spot, Albright syndrome, and *nevus spilus*.^{1,4}

The diagnosis is clinical, although, when in doubt, dermatoscopy or histopathology can be considered.¹

Treatment is not required, except for esthetic issues.^{4,5}

Keywords: Age of Onset; Child; Nevus, Pigmented

WHAT THIS REPORT ADDS

- Becker's *nevus* is benign and asymptomatic.
- The absence of hypertrichosis does not invalidate the diagnosis.
- Affected patients should be examined for associated noncutaneous abnormalities.

Conflicts of Interest

The authors declare that there were no conflicts of interest in conducting this work.

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Figure 1. Hyperpigmented large patch consisting of numerous brownish macules on his left upper torso extending onto the deltoid area.

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The authors declare that they have followed the protocols of their work centre on the publication of patient data.

References

1. Leung AK, Barankin B. What is this expanding brownish patch? [accessed 21 November 2018]. Available at: <https://www.consultant360.com/articles/what-expanding-brownish-patch>
2. Sadlier M, O'Regan GM. Images in clinical medicine. Becker's nevus. *N Engl J Med* 2015;372:1249. doi: 10.1056/NEJMicm1402443.
3. Aguilar JL. Nevus melanocítico en la infancia. *An Esp Pediatr* 2001;54:477-83.
4. Husein-ElAhmed H. Resolución del caso presentado en el número anterior: Nevus de Becker. *Arch Argent Pediatr* 2014;112:391-2.
5. 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. doi: 10.1111/j.1525-1470.2012.01734.x.