

HYPOPIGMENTED PITYRIASIS VERSICOLOR ON BECKER'S NAEVUS: HOPE FOR NEW METHOD OF TREATMENT?

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A case of hypopigmented pityriasis versicolor superimposed on pre-existing Becker's naevus associated with congenital melanocytic naevus is being reported for its rarity. The possible role of dicarboxylic acid and other free radicals produced by *Pityrosporum ovale* in treating Becker's Naevus is also suggested.

Key words: Hypopigmented pityriasis versicolor, Becker's naevus, Dicarboxylic acid

Introduction

Hypopigmented pityriasis versicolor lesions confined to pre-existing Becker's naevus is rare and has been reported earlier by Wright in 1979.¹ Depigmentation of Becker's naevus in our patient following treatment of pityriasis versicolor heralds the possible role of dicarboxylic acid and other cytotoxic free lipid radicals in treating this otherwise refractory condition.

Case Report

A 23-year-old man presented with an irregular, dark-brown, hyperpigmented lesion of about 10x15 cm size on left anterior chest wall of 7 years duration. About 3 months back, he developed multiple, discrete, hypopigmented, finely scaly lesions (Fig.1). Both the lesions were asymptomatic. On examination, the patient

was found to have a hairy melanocytic naevus present since birth on the upper border of hairy Becker's naevus. KOH smear from overlying



Fig.1. Anterior chest wall showing hypopigmented pityriasis versicolor on Becker's naevus and associated hairy melanocytic naevus.

hypopigmented lesions demonstrated abundant filamentous hyphae and spores of *P. ovale*. Patient was treated with topical 1% clotrimazole cream twice daily for three weeks. Repeat KOH smear was negative for hyphae at the end of treatment but hypopigmentation persisted.

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Discussion

Becker's nevus is a common benign epidermal naevus of late onset which has a prevalence rate of 0.52%.² The number of melanocytes in the basal layer of lesional epidermis is usually normal. Ultrastructurally an increase in size and number of melanosome complexes is observed in the keratinocytes of the lesion. Becker's naevi have been found to be associated with other congenital lesions such as smooth muscle hamartoma, malignant melanoma, epidermal naevi and other pathologies.³ In our patient a congenital hairy melanocytic naevus was present at the site of lesion since birth.

The occurrence of pityriasis versicolor over the naevus seems to support the view of functional alteration of pilosebaceous apparatus as proposed earlier by wright.^{1,4} Azelaic acid, one of the well studied metabolic pigment altering product of *P. ovale*, reportedly had no depigmenting action on normal skin, solar freckles, lentigo simplex and naevi.⁵ However, apart from this dicarboxylic acid, *P. ovale*

produces a number of highly unstable reactive and cytotoxic lipid radicals which can be responsible for hypopigmentation.⁶ The ability of *P. ovale* to improve the pigmentation of lesion in our patient heralds the possibility of a new therapeutic role of aforesaid free radicals in Becker's naevus; and possibly other melanocytic naevi.

References

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