

Becker's nevus with ipsilateral breast hypoplasia

Sir,

Becker's nevus was first described by Samuel William Becker in 1949.^[1] Becker's nevus associated with musculoskeletal anomalies is regarded as Becker's nevus syndrome.^[2] We report three cases of Becker's nevus with breast hypoplasia, as none has been reported from India.

Case 1: A 21-year-old female presented with underdeveloped breast and an irregular hyperpigmented patch over the right breast area for about 10 years. Cutaneous examination revealed a solitary well-defined, non-pruritic, light brown patch of size 10 cm X 14 cm on the right side of the anterior chest overlying the breast. There were few papular eruptions of size 2–3 mm over the patch and the skin was coarse to palpate. The margin of the patch was sharp but irregular. The nipple and areola were normal. The size of the right breast was remarkably less than that of the left breast [Figure 1]. There was no associated hyperplasia of other structures or asymmetry of limbs.

Case 2: An 18-year-old girl presented with a hyperpigmented patch over her right mammary area since 3 years of age, as per her parents, who noticed a gradual reduction of her right breast for the last 4–5 years. On



Figure 1: Becker's nevus with hypoplasia of the right breast with acne-like lesions

examination, there was a hyperpigmented patch over her right breast with acne-like lesions [Figure 2]. The size of the right breast was much smaller than the left, with normal nipple and areola. On chest X-ray, no bony abnormalities were found.

Case 3: A 21-year-old female presented with a gradual decrease in the size of her left breast. On examination, she had a faint hyperpigmented patch overlying the entire left breast. There were few terminal hairs over that lesion in comparison with the contralateral side. No bony abnormality or thoracic cage deformity was detected. Investigations were not performed as the findings were diagnostic of Becker's nevus with ipsilateral breast hypoplasia.

Systemic examinations of all the patients were within the normal limits. No treatment was given to any of our patients.

Becker's nevus is a unilateral, solitary, acquired, localized, macular, light brown to hyperpigmented lesion of the skin. Male-to-female ratio is 5:1.^[2] It occurs in adolescence, but a congenital onset is also recorded.^[3] These lesions are usually localized on the shoulder, anterior chest or upper arms, but lesions in other areas have been reported. Becker's nevus can be confused with localized scleroderma as it also causes pigmentary change, localised atrophy and induration. However, there were no indurations or inflammatory changes at the site of pigmentary anomaly in our cases. Lesional tissue in Becker's naevus has been found to have an increased level of androgen receptors.^[4] Our cases demonstrated increased terminal hairs and acneiform lesions over the Becker's nevus, which also suggest the



Figure 2: Becker's nevus with hypoplasia of the right breast

increased androgen sensitivity of the involved skin.

When Becker's nevus is present over the breast, ipsilateral breast hypoplasia may occur because of increased androgen receptors in the lesion and can cause asymmetric disfiguring. In a Korean study, the authors have used spironolactone, an anti-androgen, with significant improvement of breast size in 1 month in such cases.^[5] However, our cases were lost to follow-up and we did not use anti-androgens. We report these cases because of their rarity.

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