A Case of Anterior Cervical Hypertrichosis

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Anterior cervical hypertrichosis is a congenital localized hypertrichosis characterized by the patch of hair at the sternal notch and lower anterior aspect of the neck. Although usually an isolated finding, anterior cervical hypertrichosis may be associated with bone deformity, developmental delay and peripheral sensory and motor neuropathy. The mode of inheritance is most likely autosomal recessive. We report a case of anterior cervical hypertrichosis without any associated disorders. (Ann Dermatol 16(3) 132~133, 2004)

Key Words: Anterior cervical hypertrichosis

INTRODUCTION

Hypertrichosis is a condition of excessive hair growth that must be distinguished from hirsutism, which is characterized by an androgen-dependent hair pattern with excessive body and facial terminal hair distributed in a male pattern. Primary hypertrichosis has been classified based on the age of onset (congenital or acquired) and the extent of distribution (localized or generalized). Primary localized symmetrical areas of hypertrichosis may occur as hypertrichosis cubiti (elbows), anterior cervical hypertrichosis, posterior cervical hypertrichosis, or faun tail deformity[1]. Anterior cervical hypertrichosis is a congenital localized hypertrichosis characterized by the patch of hair at the sternal notch and lower anterior aspect of the neck. We herein report a case of anterior cervical hypertrichosis in a 15-year old girl.

CASE REPORT

A 15-year-old girl was seen for a focal hypertrichosis present on the anterior neck area. The lesion was present since her birth. She had no family history of hypertrichosis and she was in a good general condition. Physical examination revealed a 2 × 2 cm sized tuft of terminal hair growth on the anterior neck without any symptoms (Fig. 1). Radiologic findings and neurologic examinations were normal. She was treated with intense pulsed light (IPL) for hair removal and was satisfied with the result.

DISCUSSION

Localized hypertrichosis can be categorized into acquired and congenital forms. Acquired localized hypertrichosis has been reported to occur in response

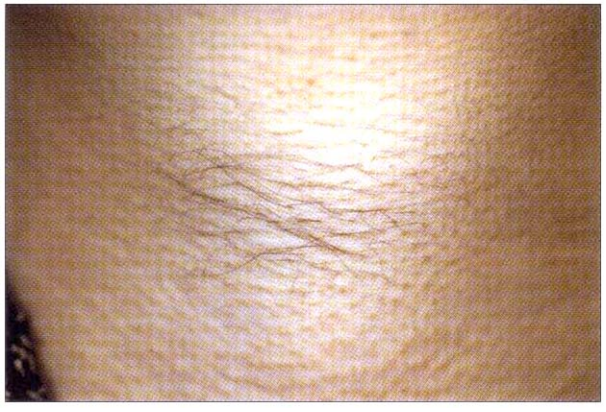

Fig. 1. A 2 × 2 cm-sized tuft of terminal hair growth on the anterior neck.

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to local trauma, chronic inflammation, cutaneous hyperemia, pretibial myxedema, peripheral neuropathy, and topical medications[2]. Congenital localized hypertrichosis is present at birth or early in the lifetime without any inducing factors. Congenital localized hypertrichosis is most commonly located in the sacral area and is accordingly called "faun tail". The clinical importance of these findings is that they are frequently associated with underlying defects, such as diastematomyelia, meningocele, spina bifida, kyphoscoliosis, or chest deformities. Thus localized hypertrichosis may serve as a cutaneous marker for diagnosis of an underlying defect, some of which are surgically correctable[2].

Anterior cervical hypertrichosis is considerably associated with peripheral and sensory neuropathy[2-4]. Trattner el al[2]. described 3 individuals in 2 generations of an Arab family. Ther propositus was the product of a first cousin mating. All 3 of these individuals had a peripheral neuropathy and bilateral hallux valgus as well. Ther authors suggested autosomal recessive inheritance, although autosomal dominant inheritance with incomplete penetrance could not be ruled out. Garty el al[3]. reported a 12-year-old boy in the family described above had optic atrophy and chorioretinal changes. In addition, Ardinger[4] described a boy with anterior cervical hypertrichosis present since early infancy, developmental delay, and peripheral neuropathy. However, Braddock et al[5]. described a girl with anterior cervical hypertrichosis which appears to be a distinct and separate condition from that described before. Except hypertrichosis on the larynx area, she had no structural or functional abnormalities. The mode of inheritance of this disorder appeared to be dominant, either X-linked or autosomal. There was also the possibility of a new dominant mutation.

In our case, the patient had no associated neurologic, ophthalmologic or skeletal defects. Therefore, this case can be categorized into an isolated form of anterior cervical hypertrichosis.

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