

Lightening Becker nevus: Role of topical therapies



To the Editor: I read with interest the Therapeutic Pearl by Zhong et al¹ describing an easy and possibly economical method to decrease pigmentation of Becker nevus with topical glycolic acid. It is significant, as most evidence for therapy for patients with this disorder involves (costly) laser therapies. However, there are a few inconsistencies, including the following: (1) the time between application of 70% glycolic acid solution and 10% sodium bicarbonate is not mentioned; (2) the procedure days for the treatment course in Fig 1, A is confusing (it would have been better to label the day of the first treatment as day 1 and have the subsequent therapy days clearly dated above the boxes); and (3) the follow-up period mentioned is only 3 months long, which is inadequate.

In addition, I would like to add that Taheri et al used a topical 4% solution of flutamide (a nonsteroidal antiandrogen) for treatment of Becker nevus and noted a decrease in pigmentation but not in hypertrichosis.² Later, my group reported a patient in whom association of pityriasis versicolor caused improvement in pigmentation of Becker nevus.³ The effect was hypothesized to be due to factors associated with *Malassezia* fungus (eg, azelaic acid and *Malassezia* indole A [both of which inhibit tyrosinase], malassezin [which causes induction of apoptosis in melanocytes], and pityriacitrin [which acts as an ultraviolet filter], etc).^{3,4} Therefore, use of a topical skin-lightening therapy in this disorder is not novel, and topical flutamide and azelaic acid preparations would also be useful. However, without clear operational guidelines, and in the absence of

long-term follow-up data on more patients, the role of topical therapies in Becker nevus remains inconclusive.

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