Anterior cervical hypertrichosis

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Sri Lanka Journal of Dermatology, 2022-2023, **23**: 52-53

Abstract

Anterior cervical hypertrichosis is a very rare form of primary localized hypertrichosis and according to the literature to date only 40 patients with anterior cervical hypertrichosis have been reported[1]. It consists of tuft of terminal hair on the anterior neck region just above the laryngeal prominence. The etiology is still uncertain.

In this case report we present a 10-year-old girl who presented to our clinic with a complaint of excessive hair growth at anterior neck region since early childhood. Mother is not sure whether it was there since birth but she complained that the hair tuft is more prominent since last 3 to 4 years duration. Past medical history was unremarkable. Although according to some literature the etiology is uncertain in our patient there is a very strong family history noted with a female predominance.

Based on the clinical presentation we diagnosed this patient as anterior cervical hypertrichosis and screened for other possible abnormalities. But as in the majority (70%) of cases this patient didn't have any associated abnormality and we were satisfied to name it as an isolated defect.

Introduction

Anterior cervical hypertrichosis (ACH) is a very rare form of localized hypertrichosis characterized by hair growth near the laryngeal prominence during childhood.

It generally has an autosomal dominant inheritance, but autosomal recessive and X-linked dominant inheritance, have also been reported. It can occur as an isolated defect or associated anomalies such as sensory neuropathy, motor neuropathy, hallux valgus, ophthalmological anomalies and mental retardation.

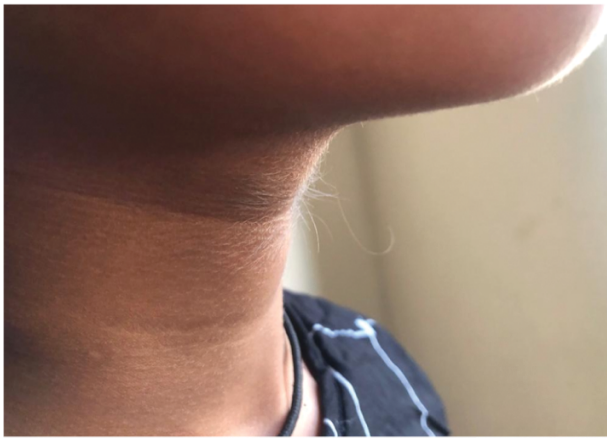

Figure 1.

Case report

A 10 years old girl presented with a history of hair growth over the throat for 3 to 4 years duration (Figure 1). She is the eldest in the family and has an asymptomatic younger brother who is 8 years old. Mother doesn't have similar condition but sisters of the father and grandmother have a similar condition and they do not have any associated neurological ophthalmological anomalies. They do a regular shaving as a cosmetic measure.

On examination this patient was observed to have localized fine short and few long hairs as a tuft of terminal hair. Examination of the rest of her skin, mucosae and musculoskeletal systems were normal. Her clinical features were consistent with the diagnosis of ACH. She was referred for neurology and ophthalmology examinations and found that she has no systemic associations.

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Discussion

We reviewed literature for ACH describing its clinical presentation, associated features and management. It presents both in a familial fashion (80%) and sporadically[2]. The mode of inheritance is variable with both autosomal recessive pattern (42%) and autosomal or X-linked dominance (11%) reported. ACH can present both as an isolated (60%) and with associated abnormalities, the most common ones being peripheral sensory and motor neuropathy (60%), hallux valgus (40%), and optic atrophy (30%). Other reported associations are thalassemia minor, mental retardation, spina bifida, and excess hair on the back[2].

Differential diagnoses include congenital melanocytic naevi, dysraphism, nevoid hypertrichosis, smooth muscle hamartoma and Becker's nevus[1].

Bleaching, trimming, shaving, plucking, waxing and chemical depilation are the temporary treatment options whereas electrolysis, thermolysis, laser therapy and intense pulsed light treatment are the more permanent solutions[3].

Psychological counselling may be required because it's a cosmetic problem which leads to stress[3].

References

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