Becker Naevus and Malignant Melanoma

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Sir,

We read with great interest the report by Fehr et al. [Dermatologica 1991;182:77-80] concerning the association malignant melanoma (MM) and Becker naevus (BN). The authors reported 9 patients with MM out of a series of 36 patients with BN seen in their institution over a period of 10 years. We recently observed a 28-year-old man with a known BN on the shoulder. This patient developed a superficial spreading melanoma on the same site of his BN.

We think that this association is not significant for many reasons: The incidence of MM has increased rapidly in white populations around the world for many years [1]. It has been suggested that MM actually represents approximately 3% of cancers by incidence [2]. Its estimated incidence in Caucasian populations is about 10/100,000 [3]. Considering the high prevalence rate of BN (0.5%) [4], the number of 36 patients registered for 10 years by Fehr et al. is probably underestimated. Thus it is likely that the simultaneous occurrence of 9 cases of these two diseases over a period of 10 years does not reach statistical significance. Moreover, as yet, no epidemiologic study has identified BN as a risk factor for MM. Finally, BN is not a disorder of melanocytes: histological studies have shown a marked increase in melanin pigmentation of the basal and suprabasal keratinocyte layers but a normal number of melanocytes [13].

Thus we believe that the significance of the association BN-MM should be interpreted with great circumspection.

References

Swerdlow A.I: Epidemiology of cutaneous malignant melanoma; in Mackie RM (ed): Clinics in Oncology. London, Saunders. 1984, vol 3. No 3: Melanoma, pp 407-437.

Siverberg E: Cancer statistics. 1989. CA 1989;39:3-20.

Sober AJ, Rhodes AR: Malignant melanoma; in Fitzpatrick TB (ed): Dermatology in General Medicine. New York, McGraw-Hill. 1987. p 948.

Tymen R, Forestier JF, Boutet B, Colomb D: Naevus tardif de Becker. A propos d'une série de 100 observations. Ann Dermatol Vénéréol 1981;108:41-46.

Reply

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Sir.

We were very interested in hearing of the observation of a patient, who developed a superficial spreading melanoma in a Becker's nevus by Ruto F et al. We agree with their statement that in our cases the number of 36 patients is underestimated. We think that in general Becker's nevus is often not diagnosed. On the other hand, we want to stress that we never stated that a Becker's nevus is a risk factor for melanoma or that Becker's nevus is really associated with a melanoma. We just wanted to point to the fact that patients who developed Becker's nevus, considered a hamartoma, may also have a higher chance to develop other pigmented lesions (we do not say melanocytic lesions), but, among them as a possibility, melanomas may occur. We proposed that at least this finding should be investigated further [1]. In our investigation on Beckers nevus [2], we found that there were activated melanocytes, prominent melanocytes in the papillary layer and an increased number of melanosomes in the melanocytes of Becker's nevus. In addition, we agree that there are complexes of melanosomes in keratinocytes in Becker's nevus.

References

Fehr B , Panizzon RG , Schnyder UW: Becker's nevus and malignant melanoma. *Dermatologica* 1991;182:77-80.

Panizzon R, Brüngger H, Vogel A: Zur Pro-blematik des Becker-Naevus. Eine klinisch-histologisch-elektronenmikroskopische Unter-suchung an 39 Patienten. *Hautarzt* 1984;35: 578-584.

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