Research Article

Rare case report

Fauntail naevus in an amazagh teenage

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Abstract

A case of fauntail naevus in a teenage amazagh girl without any neurological, urological or orthopaedic complications is presented, and she attended the dermatology department only with cosmetic embarrassment.

The skin can provide a clue to an underlying spinal defect when the midline spine reveals specific criteria, like a pit, lipoma, and tuft of hair or vascular anomalies. A through workup has been undertaken and a newest hair removal technology was advised about and the results were promising.

Key words: Faun tail, silky down, Hypertrichosis, amazgah

Introduction

Fauntail naevus has been expressed in the literature as a rare developmental fault encompassing an area of sacral hypertrichosis overlying a spinal dysraphism, mostly frequently taking place over lumbosacral region as Gupta et al 2005, and Kaptanoglu 2011 defined. The usual linked bone and spinal cord defects are spina bifida. I am reporting a case report I saw recently for its clinical significance.

Case report

An Amazagh Libyan girl, 18-years-old teenage presented to the department of dermatology complaining of an embarrassing long tufted hair over the lower back since birth. Past medical history was unremarkable. Family history revealed a sibling of two girls and three boys, all normal and the girl was a product of consanguinous marriage, born through a normal vaginal delivery (NVD) and had normal developmental milestones.

Physical examination revealed a rhombus shape skin lesion about (13 x 7 cm), with excessively darkly pigmented coarse to soft, elongated terminal hair at the midline overlying the lumbosacral area, only sparing the middle horizontal cleft. The tuft of hair looks as it formed some distinctive tail like twines and twists, at the top and the bottom of the rhombus shape, as one going upwards, another downwards (figure 1). Local palpation did not yield any local defect or dimp, or tenderness. Neurological examination was free, as knee, ankle and planter reflexes were all normal. There was no sensory or motor weakness over lower extremities, no bowel or bladder incontinence. X-ray requested and was unremarkable.

Discussion

Faun is a latin word with goats legs, horns and tail. The existing literature has acknowledged numerous varieties of skin lesions to be associated at the base of fauntail naevus in about 50% of cases as Gupta et al 2005 stated, like, dimple, lipoma, pigmented macule, skin tag, aplasia cutis, sinus, pseudo and true tail and dermoid cyst. Such association should bring alerts of suspicion of spinal dysraphism as Gupta et al 2005 avowed. In addition there might be lacking of subcutaneous fat or dermal collagen at the site of tuft of hair as Dhar 1994 declared. Skin biopsy was performed and it was normal and shown all skin layers perfectly normal.

My case did not exhibit any of the spinal dysraphism affirmed in the existing literature, and a through workup was undertaken to rule out any associated abnormalities. An X-ray for lower back was requested and yielded nothing insignificance. Also an MRI was requested as well as it is an effective screening method to trace up any associated hidden spinal abnormality, and the report was excellent and nothing pathological was detected as well. I have advised the girl family to have a newer laser technology for permanent hair removal.

To the best of my knowledge, this is the first reported of Fauntail in Amazagh teenage girl. The literature and previous studies did not examine ethnicity and fauntail and this could call for a future consideration to examine.

Despite the fact that, fauntail naevus is totally asymptomatic in early life, numerous impediments are well known to upsurge during puberty or later. This includes back pain, drop foot, nocturnal enuresis as Dhar 1994 affirmed. Thus a thorough work up is mandatory in such cases.

References

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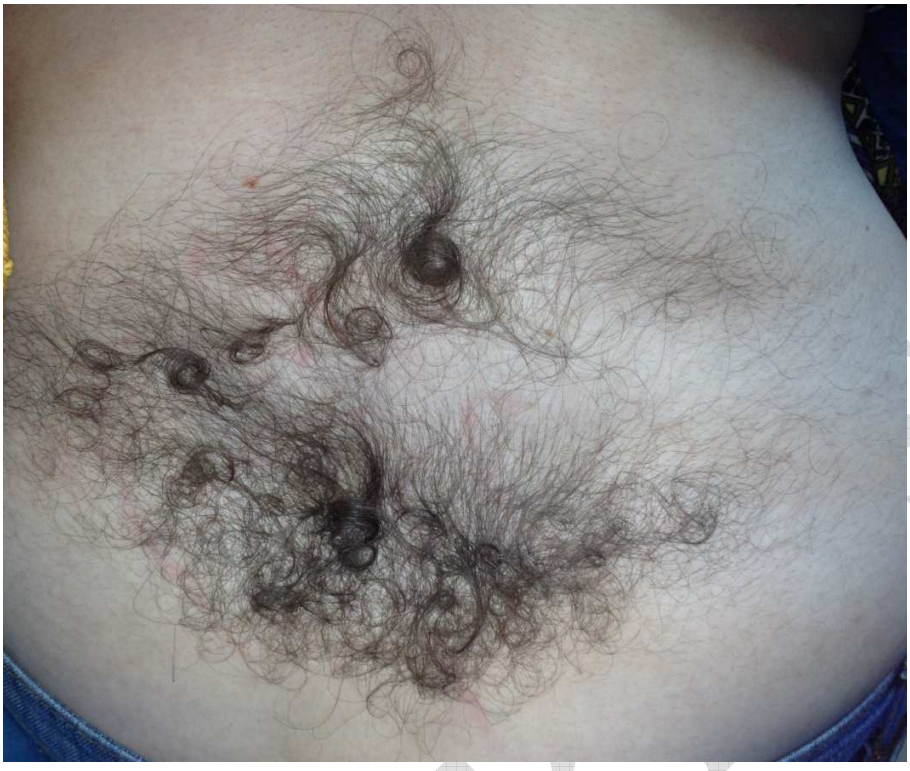

Figure 1...embarrassing physical disfigurement of Fauntail Naevus.