

A Case report of fauntail treated with Alexandrite laser on an Amazigh girl in Tripoli

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Abstract

A fauntail nevus is an abnormal lumbosacral hypertrichosis, and can be a marker for underlying spinal dysraphism. A fauntail is distinguished by an extensive, triangular or rhomboidal twisted patch of coarse terminal hair that is often several inches long. It is an exceptional finding, where the patient's psychological and social life is influenced negatively due to the cosmetic physical appearance.

This paper reports an 18-year old Amazigh girl, with a rhomboidal twisted hair tuft with terminal hair on the lumbosacral area, which she had since birth (Congenital Hypertrichosis). There were no neurological symptoms encountered. There was no abnormality on her spine X-ray and MRI screens. Furthermore, her general blood and hormonal investigations and abdominal ultra sound were normal.

Cosmetic improvement can be achieved with the help of Alexandrite laser, and it can be the method of choice for permanent hair removal due to its safety, effectiveness and ease of application.

The diagnosis was made on a clinical physical basis. The patient reported for cosmetic disability. The patient with her parent has been advised about the Alexandrite laser hair removal and she has already had good results from one application.

This case is reported for its clinical importance, significance and impact on the young girl's quality of life.

Keywords

Fauntail, Hypertrichosis, lumbar, laser.

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Introduction

Hypertrichosis is the excessive growth of hair on the non-androgen dependent areas of the body. A fauntail nevus is a lock of coarse, terminal hair situated on the lumbosacral area (posterior midline of the lower back), which might hide a bony defect in the lumbar spine. Two forms can be described namely; Lumbar hypertrichosis which is described as silky down which presents as soft non-terminal hair, while a fauntail is a wide patch of coarse terminal hair, several inches long.

Case report

An 18-year-old Amazigh girl presented with a big tufted hair growth over the lumbosacral (LS) region since birth. It was several centimeters long (Figure 1).

Figure 1: Fauntail shape and hair



Her mother had noticed the hairy patch with coarse hairs over LS region at birth, and she had shaved the lesion periodically. The dermatologic examination revealed a localized, 18x15cm sized, reverse triangular shaped (rhomboid) hair tuft on the lumbosacral region. Coarse to soft, dark, terminal hairs were observed (Figure 1).

The lesion had been present since her birth and had been growing ever since. The skin over the involved area was normal, and with normal sensation of touch, pain and pressure. There was no lower leg weakness and no urinary incontinence. Her past medical history was noncontributory except for vague neck pain. The girl has one older sister and two brothers and none have a similar

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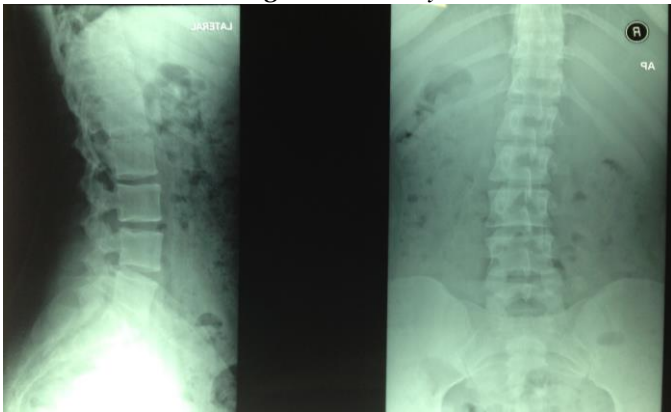
condition. Her developmental milestones were normal. She was the daughter of a consanguineous marriage and pregnancy and delivery were normal. No other member of family has similar history.

Her menarche was around 12 years old, and periods are regular. She weighs 74kg and her height is 133cm. This was the first time she was seen for a medical problem.

Neurological examination of the lower limbs was normal with no sensory or motor deficit. She had a normal gait with normal knee tendon jerks and the Babinski reflex was negative. Muscles revealed grade 5 power. She could perceive all modalities of sensations over the lower limbs. Lower back examination revealed nothing remarkable.

The only complaint she had was vague neck pain. Simple cervical and lumbosacral radiography showed no specific finding. However her cervical X-ray revealed neck spasm which the radiologist reported as possibly relevant to the complaint of neck pain (Figure 2).

Figure 2: X-ray



Further investigations included a magnetic resonance imaging (MRI) and abdominal and pelvic ultrasound. All were normal (Figure 3 and 4).

A punch skin biopsy was taken from the hypertrichotic patch, sent for histopathology and demonstrated normal epidermis. The dermis contained normal pilosebaceous structures and sweat glands. No diagnostic features seen in the dermis.

The blood investigations including, complete blood cell count, erythrocyte sedimentation rate and blood chemistry and hormonal levels were all within the normal ranges.

A clinical based diagnosis of fauntail without any underlying neurologic disease was made. The patient's main worry is about her physical embarrassment about the nevus as she is planning to get married soon and wants this problem sorted permanently.

Figure 3: MRI lower back

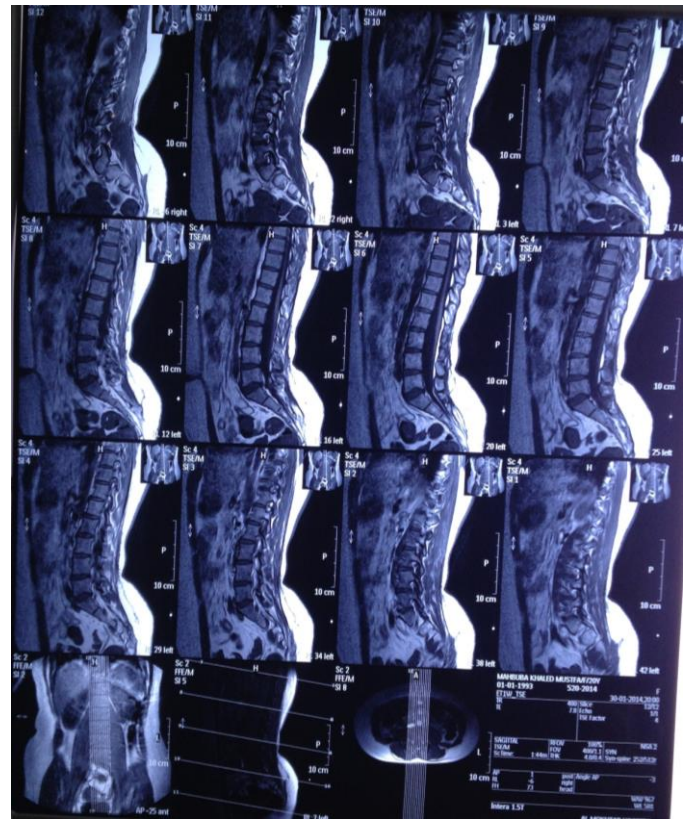
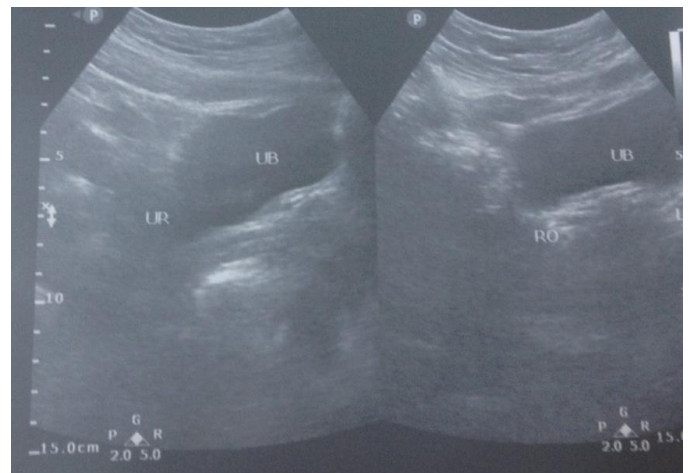


Figure 4: Ultrasound abdomen and pelvis



Discussion

Fauntail refers to pointed ears with goat's leg and tail in Italian myths. It can be normal findings in certain ethnicity.¹ Fauntail is a rarely reported entity encountered in the medical setting. The patient may refer to a dermatologist primarily as in this case.^{1,2,5}

The girl was Amazighen, which indicates a Berber root; an ethnic group indigenous to North Africa west of the Nile Valley, with their own languages and customs. Most of the reported cases in the literature were in the South Asia namely India.

Another observation on fauntail is that it is more prevalent in females (ratio 4:1).⁶ All previous reported cases emphasized its association with underlying spinal

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dysraphism. A delay in the diagnosis of this concomitant condition might incur irreversible neurological deficits.

Currently laser hair removal is more acceptable as an effective efficient tool of hair removal as it targets mainly the melanin pigment in the hair follicle and selective destruction of hair follicle. Alexandrite laser has a deeper penetration to target darker hair follicles at wave length of 755nm.

The patient had two sessions of Alexandrite Gentlase hair removal with spot size 18 and energy fluence of 12 J/cm, with good results and tolerance.² There was neither hyperesthesia nor burning sensation at the low back area.

A good cosmetic and satisfying result was achieved with one session of laser hair removal and the patient came for another session after two months and she was happy about the results (figure 5).

Figure 5: Two months post Alexandrite laser



I report this case for its scarcity and the absence of any associated spinal anomalies. Also to emphasis a thorough work up is needed such as radiological and neurological examination to rule out any underlying associations.

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