This patient was a 28-year-old man who presented complaining of 3 days of worsening headache, and right facial and upper-extremity numbness. The patient had no significant medical history, except cigarette use. The patient had a nonfocal neurological examination. However, the patient had hypertrichosis extending from his proximal forearms to a V3 distribution of the trigeminal nerve, as well as over his back and shoulders, with underlying hyperpigmentation (Fig. 1A). The patient reported that the hyperpigmentation and hypertrichosis had been progressing over the past year prior to presentation.

MRI showed a 3.4 × 3.0–cm intraaxial enhancing left-sided parafalcine parietal mass with associated edema, consistent with primary neoplasm or metastasis (Fig. 1B). CT of the chest, abdomen, and pelvis was negative for any lesions. Intraoperatively, the mass had a grossly melanotic appearance and was well encapsulated (Fig. 1C). The patient did not experience any postoperative complications and was discharged home. The final pathological assessment was melanocytic neoplasm of intermediate grade. The patient underwent a skin lesion biopsy procedure by dermatology that did not show melanoma. The patient’s hypertrichosis did begin to improve at the 6-month follow-up.

Hypertrichosis lanuginosa acquisita (HTLA) is a congenital or acquired excessive growth of fine hair of the lanugo and vellus type. It is often associated with metabolic disorders (e.g., porphyria and hyperthyroidism) and drugs (e.g., exogenous steroids, diazoxide, and phenytoin). HTLA has also been shown to be associated with malignancies, including carcinomas of various organs (e.g., breast, lung, and colon) as well as sarcoma and leukemia. This patient is unique because, to our knowledge, there have not been any previously reported associations of HTLA with an intracranial tumor.

References

Disclosures
The authors report no conflict of interest concerning the materials or methods used in this study or the findings specified in this paper.

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FIG. 1. **A:** Hypertrichosis in a shirt-like distribution with extension to the V3 distribution. **B:** Axial T1-weighted MR image with Gd shows an enhancing left-sided parafalcine mass. **C:** Intraoperative photograph shows gross melanocytic appearance of the mass (arrow). Figure is available in color online only.