**INTRODUCTION**

Brauer nevus or congenital triangular alopecia presents as nonscarring and noninflammatory focal alopecia, usually confined to the frontotemporal scalp. It is commonly noticed between 2 and 9 years of age but can occasionally present at birth. The term “congenital triangular alopecia” is considered imprecise as the condition is not always congenital, and varying shapes of alopecia have been observed. There are few reports of temporoparietal, vertex, and occipital scalp involvement. We report an unusual case of Brauer nevus of the right eyebrow. To the best of our knowledge, there are only two previous reports of Brauer nevus involving the eyebrow.

**CASE REPORT**

An 8-year-aged girl presented to us with patterned alopecia of the right eyebrow since birth. She was born out of nonconsanguineous marriage. There was no history of trauma, traction, absence of skin at birth, or any instrumentation during delivery. The patch had remained static since birth. There was no family history of a similar disorder. On examination, there was triangular-shaped sparsening of hair in the middle of the right eyebrow of size 2.5 cm × 2 cm × 1.5 cm with a fringe of terminal hair at the superior margin [Figure 1]. There was no scarring, atrophy, erythema, or scaling on this patch. Hair pull test was negative. Trichoscopy showed vellus hair surrounded by a fringe of terminal hair [Figure 2]. There were no black dots, yellow dots, broken hair, or exclamation hair. Her general physical examination and previous medical record were normal. It was diagnosed as Brauer nevus or congenital triangular alopecia.

**ABSTRACT**

Brauer nevus presents as a local circumscribed area of noncicatricial alopecia. It usually involves the frontotemporal scalp. We report an unusual case of Brauer nevus involving the right eyebrow. Trichoscopy helps to confirm the diagnosis and differentiate this condition from other types of nonscarring alopecias. It also helps to avoid unnecessary diagnostic and therapeutic interventions.

**Key words:** Brauer nevus, congenital triangular alopecia, eyebrow
DISCUSSION

Congenital triangular alopecia presents as a circumscribed triangular- or lancet-shaped area of nonscarring alopecia in the temporal area. It was first described in 1905 by Sabouraud and again defined by Brauer in 1926.[2,3] It is likely that this is a hamartomatous mosaic disorder involving an abnormal epithelial-mesenchymal interaction. It may be misdiagnosed as alopecia areata, trichotillomania, or aplasia cutis.

Trichoscopy shows normal follicular openings and vellus hair surrounded by terminal hair.[4] Histology shows the presence of vellus hair and the absence of mature hair, resembling miniaturized follicles seen in androgenetic alopecia.[1]

Criteria for the diagnosis of congenital triangular alopecia include (1) triangular- or spear-shaped patch of alopecia present over the frontotemporal scalp; (2) normal follicles with vellus-type hair surrounded by terminal hair; (3) absence of black dots, yellow dots, fractured hair, or exclamation hair with normal follicular orifices; and (4) absence of significant hair growth 6 months after confirming vellus hair on dermoscopy.[4] Therapeutic options for this condition include surgical excision, follicular unit transplantation, and topical minoxidil.

Our patient fulfilled the diagnostic criteria but had a unique site of involvement. There are only two previous reports of Brauer nevus involving the eyebrow.[5,6] Diagnosing this entity is important to avoid unnecessary invasive diagnostic interventions and mistreatment with topical or intralesional steroids. This case adds on to the gamut of clinical presentations of congenital triangular alopecia.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Yamazaki M, Irisawa R, Tsuboi R. Temporal triangular alopecia and a review of 52 past cases. J Dermatol 2010;37:360-2.
2. Bargman H. Congenital temporal triangular alopecia. Can Med Assoc J 1984;131:1253-4.
3. Cervantes-Barragán DE, Villarroel CE, Medrano-Hernández A, Durán-McKinster C, Bosch-Canto V, Del-Castillo V, et al. Setleis syndrome in Mexican-Nahua sibs due to a homozygous TWIST2 frameshift mutation and partial expression in heterozygotes. J Med Genet 2011;48:716-20.
4. Inui S, Nakajima T, Iwami S. Temporal triangular alopecia: Trichoscopic diagnosis. J Dermatol 2012;39:572-4.
5. Yadav D, Khandpur S, Subhadarshani S, Sahni K. Congenital symmetrical circumscribed patterned non-scarring alopecia of eyebrows: A variant of congenital triangular alopecia or an anatomical variation? BMJ Case Rep 2019;12:e227472.
6. Jakhar D, Grover C. Congenital alopecia of eyebrow. Indian J Dermatol Venereol Leprol 2018;84:743-4.