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Mini Case Study

Isolated Scrotal Hair in Infancy: A Benign Phenomenon?

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Background

Scrotal hair growth in infants is a rarely described condition that can be alarming for both parents and physicians [1,5]. The appearance of pubic hair on a male infant usually suggests a true excess of circulating androgens, which could arise from, for example, congenital adrenal hyperplasia or adrenal tumor [2]. However, the development of isolated scrotal hair alone, in the absence of other androgen-related signs or symptoms, could simply be a benign phenomenon [3].

Case Presentation Summary

A previously healthy two-month old boy is brought to the clinic by his mother for the assessment of a number of dark coarse scrotal hairs, which appeared during the preceding week. On examination, no other signs of androgenization or secondary features of sexual development were noted, specifically no penile or testes enlargement or growth acceleration. The neurological and psychomotor development was normal. Investigations showed testosterone, 17-OHP (17-hydroxyprogesterone), androstenedione, cortisol, ACTH (adrenocorticotropic hormone), TSH (thyroid-stimulating hormone), free T4 (thyroxine) LH (luteinizing hormone) and FSH (follicle-stimulating hormone) concentrations within the normal ranges; only DHEA-S (dehydroepiandrosterone sulfate) was decreased (7 µg/dL; normal range: 31 - 214 µg/dL). After differential diagnosis, the diagnosis of transient isolated scrotal hair development was made. On follow-up, scrotal hair gradually decreased since 6 months of age and completely disappeared by the age of 12 months. Subsequent linear growth was always normal.

Learning Points Discussion

Current evidence suggests that the development of isolated scrotal hair alone, without other signs of androgenization, is most likely a benign phenomenon [3]. It could be explained by an increased sensitivity of androgen receptors in scrotal hair follicles to the normal physiological high concentrations of testosterone seen in early infancy. Scrotal hair diminishes when concentrations of androgens gradually decrease later in infancy, leading to spontaneous resolution at a mean age of 12 months [1,5]. Even though this seems to be a benign condition, the authors emphasize that all patients need urgent full investigation and differential diagnosis as isolated scrotal hair development is still a diagnosis of exclusion [3,5]. The investigation should include 17-OHP, DHEA-S, androstenedione and testosterone levels to exclude diagnosis such as congenital adrenal hyperplasia and adrenal tumor [2].

Figure 1: *Scrotal hairs in two-month-old boy.*

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