A 15-year-old male presented to the dermatologist in June 2023 with a concern of discolored patches overlying his lower spine that presented 6 months prior to examination. He denied any cutaneous symptoms such as pain, pruritus, or burning, and denied any previous trauma or recent medication changes. Past medical history was non-contributory. A physical examination demonstrated two well-defined ovoid hyperpigmented patches overlying his lumbar spinous processes in a linear distribution (Figure 1). The patient admitted to leaning against a rigid backrest during at-home studying. Based on the history and physical examination, a clinical diagnosis of Davener’s dermatosis was made. No further treatment or biopsy was required. The patient was provided counseling and reassurance on the benign nature of this pigmentary disorder.

Davener’s dermatosis is a unique form of frictional hypermelanosis, a benign condition that causes increased pigmentation along the spinous processes of the inferior spine [1]. This condition is thought to be caused by increased friction to the lower back, first named by Naimer et al. [1] after the term “davening” (synonymous with ‘praying’) when they discovered this hyperpigmentation in multiple patients who spent hours swaying in wooden chairs praying. Davener’s dermatosis typically presents with a midline, hyperpigmented patch oriented vertically along the inferior dorsal vertebra with ill-defined borders [2]. It can either present in a continuous or cobblestone pattern. The histopathology of this condition demonstrates hyperkeratosis and basal hyperpigmentation of the epidermis [1–3]. This form of hypermelanosis is not associated with trauma and is commonly asymptomatic in patients with a lower body mass index (BMI) who spend hours seated with ridged backrests [1]. Clinical differentials for circumscribed hyperpigmentation should include postinflammatory hyperpigmentation, macular amyloidosis, Becker’s nevus, fixed drug eruption, and cultural practices such as cupping [2, 4, 5]. Disorders of diffuse, linear, and reticulate hyperpigmentation can be a cutaneous manifestation of genetic syndromes, metabolic disorders, sclerodermod disorders, and nutritional deficiencies [6]. A clinicopathologic correlation with a thorough history, review of systems, skin biopsy, and relevant labs may help distinguish any underlying condition. While the mainstay of treatment for frictional melanosis is avoidance of the trigger, other modalities can be considered such as chemical peels, hydroquinone, and Q-switched lasers such as Nd:YAG [3, 5]. This condition highlights the importance of a thorough patient history when reaching an accurate diagnosis.

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