

Ota's nevus: about a case

Letter to Editor

We report the case of a 4 month old patient, with no specific history, with congenital oculo palpebral melanocytosis. The dermatological examination had objectified a homogeneous slate gray macular cupboard occupying the cutaneous territory of the 1st and 2nd branches of the trigeminal nerve on the left side (Figure1),

Dermoscopy revealed a blueish to slate gray lesion with yellowish zones without structure, with no peri follicular hypopigmentation [Figure 2]. The ocular examination was normal.

Keywords: otanevus, clinic, dermoscopy

The Ota nevus or nevus fusco-caeruleus ophthalmo-maxillaris, originally described by Ota in 1939, is a hyper melanocytosis of the periorbital region observed more frequently in subjects of Asian origin and blacks. Dendritic melanocytes are located in the reticular and papillary dermis with a normal overlying epidermis.¹ Women are almost five times more likely to be affected than men. It is present from birth, but it can appear later in puberty. Clinically, there is a bluish gray hyperpigmentation, even brownish or slate unilateral of the face in the cutaneous territory of the 1st and 2nd branches of the trigeminal nerve. Bilateral damage to the skin, eyes and oral mucosa can rarely be observed.^{1,2}



Figure 1 Clinical appearance of an Ota nevus in a 4 month old infant.

Dermoscopy of Ota's nevus is rarely described, Elmas et al.,³ described a dermoscopic appearance comprising gray areas without structure and scattered gray-brown dots. Other aspects have been described as brown and gray unstructured areas with uneven distribution, gray-brown spots, white clods in an arrangement of "four-sided clods", perifollicular hypopigmentation, yellowish areas without structure.³

In the study by Zinoune et al.,⁴ the dermoscopic characteristics of a case of Ota nevus were described as a homogeneous bluish to slate gray pigmentation.

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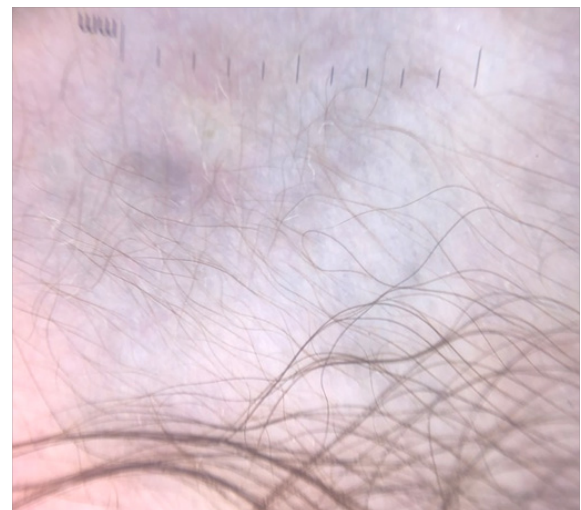


Figure 2 Blue to slate gray appearance, yellow area without structure (circled).

Ota's nevus is frequently accompanied by eye pigmentation affecting the sclera, conjunctiva, iris, choroid and papilla. Chronic glaucoma and Transformation into melanoma are the main risks of this pathology which justifies regular monitoring.² Skin lesions can be treated without scarring after-effects by laser.

Conflicts of interest

The authors declare that they have no conflicts of interests.

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