

Naevus of Ota

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ABSTRACT

A 22 years old young male, presented with darkening of the skin of the left side of the face, which began 3 years ago and was gradually progressive. On examination, bluish to brown coalescing macules and predominantly patches were seen involving forehead, malar region and temple with sparing of periorbital skin. On further assessment, his sclera showed bluish discoloration spanning the pericorneal region. The bluish discoloration of the sclera was present since birth. A diagnosis of naevus of Ota was made.

Key words: Naevus of Ota, sclera, skin

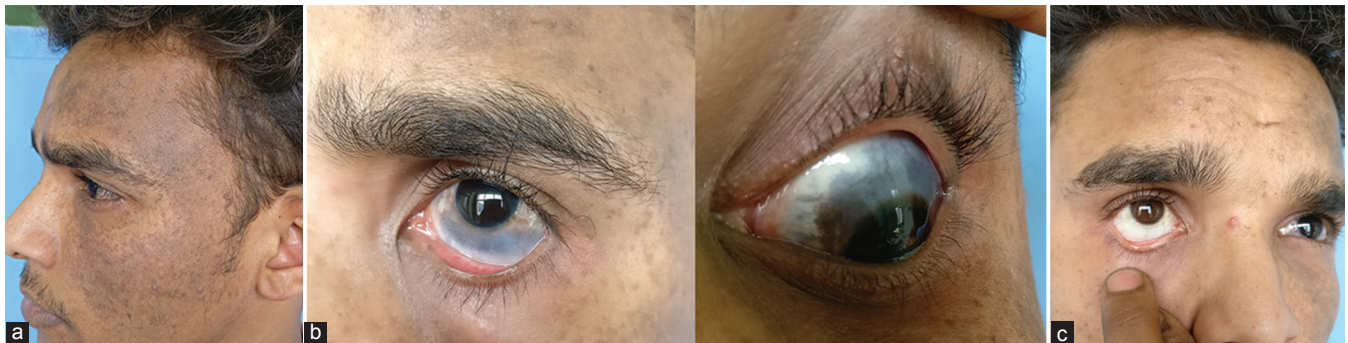


Figure 1 (a) Bluish to brown coalescing macules and predominantly patches involving forehead, malar region and temple with sparing of periorbital skin. (b) Sclera showing bluish discoloration spanning the pericorneal region. (c) Other side of the face and the sclera of the other eye being normal

A 22-year-old young male presented with darkening of the skin of the left side of the face, which began 3 years ago and was gradually progressive. However, he has not noticed any further darkening for a few months. On examination, bluish to brown coalescing macules and predominantly patches were seen involving forehead, malar region, and temple with sparing of periorbital skin [Figure 1a]. On further assessment, his sclera showed bluish discoloration spanning the pericorneal region [Figure 1b]. The bluish discoloration of the sclera was present since birth. The other side of the face and the sclera of the other eye were normal [Figure 1c]. A diagnosis of naevus of Ota was made, and the patient was offered biopsy, which he declined.

Naevus of Ota generally affects the skin along the distribution of first two branches of trigeminal nerve unilaterally. Bilateral cases have also been reported. Following skin, the second most common site is sclera. Within the eye, it can also affect uveal tract, cornea, and retina, and outside eye, it affects the dura. The skin lesion is permanent, and beside cosmetic issue, it can rarely progress to melanoma. However, ocular involvement is more likely to progress to malignancy. The patient was counseled about the use of Nd-YAG laser for the treatment of his problem, which unfortunately was not available at our center. The patient was referred for ophthalmic consultation.

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Consent

Written informed consent was obtained for the publication of the images

Competing Interests

The authors declare that they have no competing interests.

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