INDIAN J DERMATOL VENEREOL LEPROL 1989; 55 : 202

FRONTO-PARIETAL MORPHOEA ASSOCIATED WITH HEMIATROPHY FACE

Fronto-parietal morphoea is also named en coup de sabre as the linear groove resembles sabre cut. The linear, ivory, sclerotic band or groove may extend from the fronto-parietal region towards the scalp and downwards to the eyebrows, side of nose, cheek, upper lip, lower lip, mouth, gum, chin and neck. It may be associated with atrophy of the corresponding part of the face and cheek with facial asymmetry. The dystrophic changes underneath the groove may be seen as depression of the skull bones, alopecia and dysrhythmia on electro-encephalography. Eye changes in the form of enophthalmos, myopathy of the external eye muscles, atrophy of the nasal part of iris, loss of cilia and atrophy of eyelids are known.[1-3] Atrophy of the tongue, jaw, gingiva with alteration of spacing and alteration of teeth may occur. Bilateral morphoea with atrophy of the face was reported by Dilly and Perry in 1968.[4]

A case of fronto-parietal morphoea with hemiatrophy of the face was seen in a 22-year-old male. The sclerotic ivory plaque with peripheral pigmentation, started on the right forehead, 4 years ago and was later replaced by a hyperpigmented sclerotic groove. Hair were absent in the groove on the scalp and the medial side of the right eyebrow and thin on the beard and moustache. Marked atrophy and asymmetry of the right side of the face was associated with atrophy of the tongue, both upper and lower lips, shortening of the upper and lower alveolar ridges and alteration of the direction of the teeth on the affected side. Enophthalmos, atrophy and retraction of the medial part of lids with increased orbital aperture, weakness of the oculomotor muscles with lateral deviation were seen in the right eye. Pigmentation of the right forehead and right cheek was seen (Fig. 1).

Fig. 1. Hemiatrophy of face with the morphoeic band extending from the scalp to the neck.

Although all the above changes have been described in the literature in association with fronto-parietal morphoea on different occasions, yet presence of all the changes in a single patient has not been reported earlier. The present case presented a composite picture of all the changes.

R R Mittal, R L Mittal and J Srivastava
Departments of Dermatology and Orthopaedics, Government Medical College and Rajendra Hospital, Patiala-147 001, India.

References

1. Segal P, Jablonska S and Mrzyglod S : Ocular changes in linear scleroderma, Amer J Ophthalmol, 1961; 51 : 807-813.
2. Serup J, Serup L and Ole SJO : Localized scleroderma en coup de sabre with external eye muscle involvement at the same time, Clin Exp Dermatol, 1984; 9 : 196-200.
3. Serup J and Alsbirk PH : Localized scleroderma en coup de sabre and iridopalpebral, atrophy at the same time, Acta Dermato—Venereol, 1983; 63 : 75-77.
4. Dilly JJ and Perry HO : Bilateral linear scleroderma en coup de sabre, Arch Dermatol, 1968; 97 :688-689.