ACROPIGMENTATION OF DOHI

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A9-year-old girl with multiple hyperpigmented and hypopigmented macules over the hands and neck since childhood is reported.

Key words: Acropigmentation of Dohi, Dyschromatosis symmetrica hereditaria

Introduction

Any dyschromatosis over the skin is eye catching. Dyschromatosis of the exposed parts is cosmetically not accepted. Acropigmentation of Dohi, though common in Japan has been reported from other countries including India also.

Case Report

A9-year-old girl presented to us with hyperpigmented lesions over the hands and neck with hypopigmented round lesions in between the hyperpigmented lesions. They developed since the age of 3. There was no parental consaguinity and no one else in the family was affected with similar lesions.

Examination revealed multiple hyperpigmented irregular macules interspersed with tiny 0.3x0.3 cm hypopigmented round macules on the palms, flexor and extensor aspects of fingers, and around the neck.

Fig 1. Acropigmentation of Dohi

There was no atrophy of skin or loss of epidermal ridges over the lesions. There were no similar lesions elsewhere on the body.

Discussion

Acropigmentation of Dohi also known as dyschromatosis symmertica hereditaria or sym-

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metrical dyschromatosis of the extremities is not an uncommon condition in Japan. The disease is thought to be inherited autosomal dominantly. In our case there was no family history of similar skin diesease.

Characteristic lesion of acropigmentation of Dohi consists of mottled pigmentation with patchy hypopigmentation or depigmentation over the palms, back of hands, feet, sometimes on the arms and legs. Face is usually spared, but it is sometimes affected by a few scattered, small,discrete, pigmented macules.

All the classical findings of acropigmentation of Dohi were present in our case. The disease is differentiated from reticular acropigmentation of Kitamura by the absence of atrophic macules,palmar pits or breaks in epidermal ridge pattern.

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