

BILATERAL NEVUS FUSCOCAERULEUS OPHTHALMOMAXILLARIS

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A case of bilateral nevus fuscocaeruleus ophthalmomaxillaris with fluctuation in the intensity of colour during each menstrual cycle is reported. It is not described earlier in the literature.

Key words : Nevus fuscocaeruleus ophthalmomaxillaris, Nevus of Ota, Menstruation.

Nevus fuscocaeruleus ophthalmomaxillaris, also known as the nevus of Ota as it was first described by Ota in 1939, is commonly seen in the Japanese. It is usually characterized by unilateral, flat or slightly raised, patchy, bluish or grey brown, irregularly shaded macular pigmentation of the skin in the areas of distribution of the ophthalmic, maxillary and rarely along the mandibular division of trigeminal nerve, along with discoloration of various structures of the ipsilateral eye.¹ Occasionally, the oral and the nasal mucosa is also affected.¹ In a small percentage of cases, the lesions are bilateral and it is usually associated with persistent mongolian spots elsewhere on the body.² The male : female ratio is 1 : 4. The lesions of the nevus of Ota may be present at birth, they may also appear during the first year of life or during adolescence, but only rarely in childhood.² The onset during pregnancy has also been noted.³ Rarely, nevus flammeus has been associated with this condition.³ The malignant changes are extremely rare.⁴ Histopathologically, it is similar to a mongolian spot.³

Case Report

An 18-year-old female student presented with an asymptomatic, bilaterally symmetrical, patchy, bluish black pigmentation of the skin over the butterfly area of the face, cheeks, chin

and periorbital areas. The intensity of hyperpigmentation was more on the left side than on the right side (Fig. 1). The condition was



Fig. 1. Bilateral hyperpigmented macules on the cheeks and infraorbital areas.

present since birth, though it was gradually spreading over the cheeks, nose and periorbital areas for last 4 years. Interestingly, the patchy macules on the cheeks became more intense at the beginning of each menstrual cycle and persisted during the menstruation, i.e. for 4-5

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days in each month. After that the colour reduced in intensity. The age of menarche was 14 years. There was no history of topical application of oil on the face. In addition,³ there was mottled, bluish-violet pigmentation of the sclera of both the eyes (Fig. 2). The



Fig. 2. Hyperpigmentation of sclera.

palpebral conjunctiva also had mottled brownish pigmentation. The iris and cornea were free from such lesions. Her visual acuity and fundoscopy were normal. The mucous membrane over the hard palate was also bluish violet, while the rest of the oral mucosa was normal. Nasal mucosa was not affected. The gynaecological and systemic examination revealed no abnormality. There was no family history of such disease. The biopsy could not be performed because of cosmetic problems.

Comments

This condition has been only rarely described from India⁵⁻⁸ and to the best of our knowledge this is probably the first Indian case report with bilateral presentation of the nevus of Ota with intensening of colour during menstrual periods. The fluctuation in colour during menstruation has also been reported by Hidano et al.² The role of ovarian hormones to intensify the colour of hyperpigmented macules over cheeks cannot be ruled out as a possible factor.

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