

ACROPIGMENTATION OF DOHI

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Two cases of acropigmentation of Dohi are reported, First case was a 9-year-old boy and the second was a 8-year-old girl. Hypopigmented macules with interspersed brownish macules were seen on dorsa of hands, feet and they became stationary after initial progression.

Key Words : Macule, Hypopigmentation, Acropigmentation

Introduction

A familial symmetrical pigment anomaly of the extremities was first reported in ten males and two females from Japan in 1924.¹ It is characterised by mixture of hypo-pigmented and hyperpigmented mottled non-atrophic macules present on the backs of hands and feet, arms, legs, trunk and shoulders with no break in epidermal ridge pattern.² The face was spared except for a few scattered, small, discrete, pigmented macules.³ It has also been reported from Europe.⁴

Case Report

Case 1

A 9-year-old boy developed asymptomatic, 1-5 mm, discrete, well defined, brownish macules with smooth surface on the face at the age of 5. Six months later, he developed similar mottled brown macules on dorsa of hands, feet and lower legs interspersed within and out-

side the sharply outlined, smooth surfaced, hypopigmented macules of varying sizes and shapes. Simultaneously, he developed similar hypopigmentation around pigmented macules of face and mild photosensitivity. Present case was the product of uneventful gestation period and normal delivery as well as non-consanguinous marriage. Other 3 siblings were normal and family history was negative. Milestones and IQ were normal. Systemic examination and routine investigations were normal. The disease has been limited to the acral parts since 3¹/₄ years.

Case 2

An 8-year-old girl developed asymptomatic, well defined, smooth surfaced, brownish macules over the face for the last 3 years. Two months back her parents noticed mottled pigmentation of dorsa of hands and feet, elbows and knees. Soon hypopigmented well defined macules upto 1.5 cms in size appeared. Lesions were more prominent around knuckles of hands, dorsa of toes, around ankle joints (patient had worn silver payal) and around collar bone (patient had worn a plastic pearl necklace). The pa-

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tient was delivered by normal vaginal delivery after normal gestational period of 9 months. Out of the other 2 siblings, her elder brother also had hyperpigmented brownish macules over the face. Marriage between parents was non-consanguinous. Milestones and IQ were normal. Systemic examination and routine investigations were normal. Patch tests with silver and plastic were negative.

Discussion

Acromelanosis was excluded which is seen as hyperpigmentation of dorsa of hands and feet usually in Negros.² Acropigmentation of Kitamura characterised by atrophic reticulate pigmentation over dorsa of hands and feet and palmar pits with breakage of epidermal ridges was also excluded. Diagnosis of acropigmentation of Dohi

was clear in above 2 cases because of the classical picture. In both patients face was also affected. Negative patch test excluded contact depigmentation.

References

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