

BILATERAL NAEVUS OF OTA

R P Sharma, N K Sarma, V Jain, S Mithal

A case of "bilateral Naevus of Ota", developing cutaneous pigmentation after an attack of fever is reported.

Key Words : Naevus of ota, Naevus fuscoaeruleus ophthalmomaxillaris, Occulodermal melanocytosis.

Introduction

Naevus of ota (Naevus fuscoaeruleus ophthlmo-maxillaris) was first described by Ota in 1939. Mostly the lesions are unilateral but in a small percentage of cases the lesions are bilateral¹ and may be associated with persistent mongolian spot. The disease is four times more common in female.² It is congenital in 50% of cases, in remaining it may appear during the second decade of life, but only rarely in childhood.¹ The onset following trauma¹ and during pregnancy² has also been noted. Nigam et al² reported a case with fluctuation in intensity of colour during each menstrual cycle. A case of bilateral naevus of ota with ptosis was reported by Singh et al.³

Case Report

A 30-years-old female presented with asymptomatic patchy pigmentation in both eyes since birth. Later on at the age of 18 years she noticed grey brown pigmentation of the skin over the cheeks and middle of palate. According to her onset of pigmentation was followed after an attack of fever and it gradually increased in the intensity. There was no history of topical application of oil or any

other cosmetics at the time of onset. Eye examination revealed mottled, bluish violet pigmentation of sclera of the both eyes. Palpebral conjunctiva, iris and cornea were free from such lesions. Her vision and fundoscopy were normal. The mucous membrane over the hard palate also had lesion while the rest of oral and nasal mucosa were normal. Examination of other systems revealed no abnormality. History of similar disease in family was absent. The skin biopsy could not be performed because of patients unwillingness.

Comments

This condition is rare as Mishima⁴ described its 5% incidence among the cases of naevus of ota. The unusual finding observed in our case was the onset of cutaneous pigmentation which followed after an attack of fever. Though it may be a co-incidental finding.

References

1. Ramesh Chandra AS. Bilateral naevus of ota, Indian J Dermatol 1977; 43 : 206-7.
2. Nigam PK, Singh PK, Singh G. Bilateral nevus fuscoaeruleus ophthalmomaxillaris Indian J Dermatol venereol leprol 1985; 51 : 287-8.
3. Singh M, Kanwar AJ, Bharija SC, Belhaj MS. Bilateral nevus of ota with ptosis. Indian J Dermatol venereol Leprol 1987; 53 : 50-1.
4. Mishima Y, Mevorah, B. Nevus of ota and nevus of Ito in American Negroes. J Invest Dermatol 1961; 36 : 133-54.

From the Departments of Dermatology, and Ophthalmology, LLRM Medical College, Meerut-250 004, UP, India.

Address correspondence to : Dr R P Sharma