BILATERAL NEVUS OF OTA

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Summary

A case of "Bilateral Nevus of Ota" is reported with review of literature.

Case Report

A boy of 5 years presented in the clinic with Pyoderma. Routine examination revealed multiple congenital asymptomatic bluish black macules over the sclera of both eyes just peripheral to the limbus varying in size from 1–5 mm. (Fig. at Page No. 219).

In addition a brown macule of 1 cm. size was present over the right malar region. His younger brother aged about 3 years also had similar macules on the sclera but it was unilateral. There was no evidence of mongolian spot.

Review of Literature

In 1938, Ota[1] first proposed the term Nevus fuscoceeruleus ophthalmo maxillaris for a blue grey macular lesion affecting the sclera and ipsilateral facial skin in the distribution of the trigeminal nerve. Mishima[2], proposed the following classification for this condition.

Type–I (a) — Mild Orbital type; light brown; limited to upper and lower eye-lids.

(b) — Mild zygomatic type; light brown limited to zygomatic area.

Type–II — Moderate type; deep state grey to brown-purple eye-lids, zygomatic area and base of nose.

Type–III — Intensive type; deep blue to brown; first and second divisions of trigeminal nerve.

Type–IV — Bilateral (about 5% of cases).

About two thirds of patients with Nevus of Ota have a blue staining of the ipsilateral sclera. There may be melanocytic infiltration of the deeper structures of the eye including the periosteum of the orbital bone.

The colour varies from tan to brown, slate grey, blue, black or purple. Lesions are usually macular, although nodules may appear occasionally within the lesions. The pigmentation may sometimes be speckled and are composed of deeper bluish and more superficial brownish elements which do not always coincide. The two colours are perhaps best seen in the eye where the affected sclera is blue and the conjunctiva brown. The brown pigmentation is patchy and may be patterned in a reticular or geographical fashions whereas the blue pigmentation is more diffuse. The areas involved are the eye-lids, the bulbar and palpebral conjunctiva, the sclera, the cheeks, forehead, scalp, alae nasi and ears. The mucosa of the

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palate and cheeks may also be affected. The distribution is usually restricted to area of supply of the first and second divisions of the Trigeminal nerve. Rarely patches may occur on the trunk.

About 50% of the lesions are congenital, the remaining appearing during the second decade of life. Occasionally the onset is late or is associated with pregnancy. Both the Nevus of Ito and Nevus flammeus have been seen in association with the Nevus of Ota. Persistent Mongolian spot occurs in adults with Nevus of Ota, most commonly in individuals with bilateral lesions. There is one report of the onset following trauma and in another, the occular pigmentation became much more pronounced after an attack of conjunctivitis.

Discussion

The available literature on "Bilateral Nevus of Ota" is scanty and the incidence of it is low. In the present case, the diagnosis is based on —

(i) Congenital origin

(ii) Family history of similar lesion in the brother;

(iii) Brown macule over the right malar region.

Contrary to the general observation, in our case, there was no persistent mongolian spot.

REFERENCES

1. Ota: Nevus Fusco-Caeruleus Ophthalmo Maxillaris, Jap J Derm, 46. 369, 1939.
2. Mishima Y: Nevus of Ota and Nevus of Ito in American Negroes, J Invest Derm 36: 133, 1961.

Appeal to all Branches of I. A. D. V. & L.

by Dr. T. V. Venkatesan, President, I. A. D. V. & L.

During the last Annual Conference held at Ahmedabad it was resolved to increase the C. F. C. Contribution of Rs. 5/- extra per member to give financial assistance to the journal. This was circulated after the Conference. A few branches raised objection to this increase.

As the President, I am earnestly appealing to you and requesting you to kindly continue the C. F. C. Contribution for this year and the Honorary General Secretary will place this subject in the Agenda of the Next Annual Conference in 1978 to discuss if the increase is to be ratified or modified for 1978.

Cordially yours,

Dr. T. V. Venkatesan