

## LETTERS TO THE EDITOR

### UNILATERAL MELASMA

To the Editor,

Melasma is a common acquired pigmented disorder, usually seen in women of child bearing age.<sup>1</sup> Its association with pregnancy and oral contraceptives is well known.<sup>2</sup> Endocrine abnormalities and nutritional deficiencies have also been incriminated in its aetiopathogenesis.<sup>3</sup> The lesions are predominantly distributed over photoexposed areas and are usually bilateral and symmetrical.

We recently saw a middle aged housewife with asymptomatic blotchy dark brown hyperpigmentation on right side of face of 6 years duration. She developed this pigmentation during her second pregnancy and gradually the lesions increased in size and darkened in colour. Following the delivery there was mild fading of colour for initial few months but with usage of oral contraceptives the lesions started darkening again. There was no seasonal variation; however, she noticed prominence of lesions on exposure to sun. Her menstrual periods were normal and there was no family history of similar disorders. She denied use of any cosmetics or any other drugs apart from oral contraceptives. Examination revealed macular dark brown pigmentation with irregular borders over right malar region. There was no erythema, telangiectasia or atrophy. Periorbital area, oral mucosae, conjunctivae and sclerae were devoid of any such discolouration. Other parts of the body did not reveal any pigmentation. A diagnosis of melasma limited to one side of face only was made. She was prescribed lactocalamine locally during the day and potent topical corticosteroids (clobetasol propionate 0.5%) at

night. Within 8 weeks there was significant cosmetic improvement.

Other possibilities which were considered and subsequently excluded in this patient on the basis of history and examination were melanocytic naevus, naevus of Ota, pigmented cosmetic dermatitis (Riehl's melanosis), poikiloderma of Civatte, occupational melanosis, lichen planus pigmentosus, lichen planus actinicus, fixed drug eruption, macular amyloidosis and urticaria pigmentosa. In our opinion a duration of 6 years is sufficient for lesions of melasma to appear on other side of face to maintain its bilateral uniqueness. The unilateral nature of this common disorder is striking.

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### References

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2. Bleehen SS, Ebling FJG, Champion RH. Disorders of skin colour. In : *Text Book of Dermatology* (Champion RH, Burton JL, Ebling FJG) 5th edn. Oxford : Blackwell Scientific Publications, 1992; 1596-7.
3. Kanwar AJ, Kaur S. Treatment of melasma. *Drugs Bulletin (PGIMER)* 1989; XII (1) : 16-28.

### TWENTY-NAIL DYSTROPHY

To the Editor,

A 20-year-old male, dental student, presented with asymptomatic disfigurement of all 20 nails since age of 8 years. Onset was over the thumb and great toe nails, with