

Letters in response to previously published articles

Letter in response to the previously published article “Familial gigantic melanocytosis”

Sir,

I read with great interest the case letter by Rambhia *et al.* on “Familial gigantic melanocytosis.”¹ As reported, their patient presented with diffuse reticulate hyperpigmentation along with interspersed guttate hypopigmentation and light-colored hair; authors thought of differential diagnosis such as lichen planus pigmentosus, erythema dyschromicum perstans and dyschromatosis universalis hereditaria. However, except the latter condition, the above cutaneous findings do not fit into the former two disease entities, i.e., lichen planus pigmentosus and erythema dyschromicum perstans. Lichen planus pigmentosus presents with persistent and asymptomatic slate-gray pigmentation, predominantly on the sun-exposed parts, whereas erythema dyschromicum perstans is characterized by asymptomatic, ashy-gray, macular hyperpigmentation of the skin and the expanding macules have a slightly raised, erythematous border in the initial inflammatory stage.² Instead of these two conditions, authors should have considered Griscelli syndrome type 3 and antimalarial-induced pigmentation, and of course, familial gigantic melanocytosis, as all these three entities present with diffuse hyperpigmentation with guttate hypomelanosis and light-colored hairs.³ Griscelli syndrome type 3 is characterized by irregular clusters of melanin pigment scattered throughout the hair shaft observed on hair microscopy.⁴ This begs two questions: Whether the hair microscopy was performed in the patient, and was there a history of intake of any antimalarial drug? Also, the other closer differentials should include Fanconi anemia, biliary cirrhosis and hemochromatosis, as diffuse hyperpigmentation with guttate hypomelanosis is present in these disorders but the hair is normal; instead, there will be pancytopenia, pruritus and iron overload, respectively.⁵

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Conflicts of interest

There are no conflicts of interest.

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