Incidental bilateral naevus of Ota and naevus spilus

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DESCRIPTION

A 5-year-old boy presented to the ophthalmology outpatients clinic after being referred by his optician for a spot in his left eye. The boy was asymptomatic. His father reported that the spot had been there for some time but had not changed in size or shape. The patient was otherwise healthy, had no other medical problems and was not taking any medications.

On examination, the vision was 6/7.5 in both eyes. There were multiple blue pigmented lesions in the left, figure 1, and right eyes, figure 2, consistent with bilateral naevus of Ota. In addition, a naevus spilus was present in the left eye, figure 1. There were no other skin lesions on the eye, face or body. The intraocular pressure was normal and the iris, retina and choroid showed no other lesions.

Naevus of Ota, oculodermal melanocytosis, is typically characterised by a grey or blue pigmentation along the first two divisions of the trigeminal nerve.1 Two-thirds of patients show the involvement of the sclera, although the iris, retina or choroid may additionally be involved. Additionally, a naevus of Ota may be associated with other pigmented lesions, as in this case, a naevus spilus.2

All patients with a naevus of Ota affecting the eye or periorcular skin should be reviewed by an ophthalmologist as the condition is associated with an increased risk of glaucoma as well as a small risk of malignant transformation. Naevi of Ota affecting the ocular tissues do not require treatment but Naevi affecting the periorcular skin can be treated cosmetically with Q-switched laser treatment.2

Naevus spilus typically consist of a light tan patch containing more heavily pigmented macules or papules. The incidence of this condition varies between 0.2% and 2.3%.3 Additionally, there is a small risk of transformation to melanoma with this condition.

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REFERENCES
