IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 23, Issue 1 Ser.2 (January. 2024), PP 21-22
www.iosrjournals.org

Oculodermal Melanocytosis (Nevus Of Ota)

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Date of Submission: 25-12-2023 Date of Acceptance: 05-01-2024

I. AIM

Oculodermal melanocytosis was described by Ota and Tanino in 1939. Nevus of Ota is the other name of this rare disorder which affects 0.014 - 0.034% of population in South East Asia(1,2).Unilateral involvement is the rule; however, 10% of cases may be bilateral.The condition manifests as a bluish grey patch in the distribution of 1st and 2nd branches of trigeminal nerve. Ocular manifestation include episcleral melanosis, heterochromia, glaucoma and iris nevi(1-3).

The aim to report this case is to familiarise the ophthalmologists and healthcare professionals about the long-term ocular complications that can be associated withthis rare disorder.

II. CASE REPORT

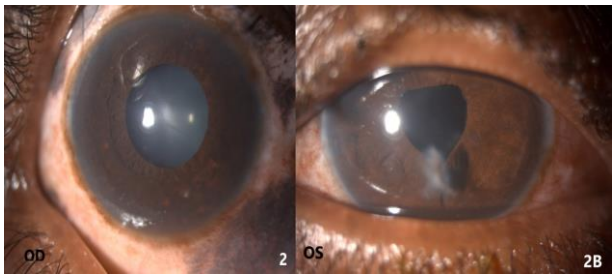
A 40yrs old patient came with chief complaints of decreased vision in left eyesince 3months.

History of injury to left eye with granite stone while working 3months ago,penetrating injury with traumatic cataract was observed for which corneal tear repair and lensectomy was done and left aphakic. Visual acuity in RE is 6/6 and LE is 6/12 with +12D.

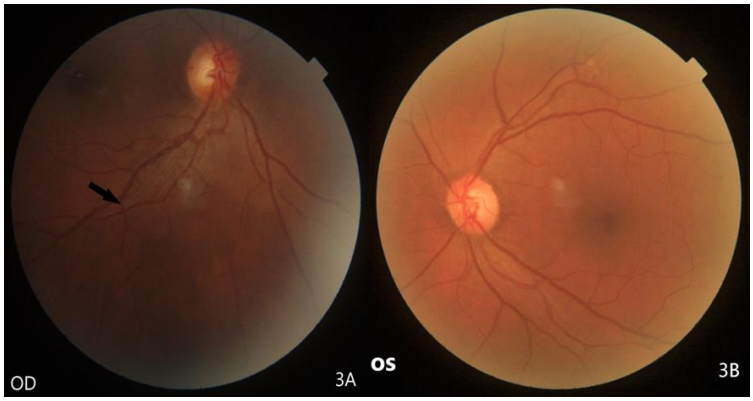
On local examination right side of face had periorbital pigmentation extending to forehead and scalp on right half,pigmentation of sclera ,iris and retina is found.Lefteye had sealed corneal tear .

. Based on the distinct color, morphology, and location of the lesion, the condition was diagnosed as Nevus of Ota Relevant ophthalmologic investigations, like ultrasound B-scan and optical coherence tomography (OCT) were performed which did not reveal any abnormality. Patient was counselled about the nature of disease, risk of long-termcomplications, and was advised regular follow-up.

Pigmentation on right side of face



Pigmentation of sclera and iris **Healed corneal tear**



Pigmentation on retina in RE

III. DISCUSSION

Nevus of Ota is rare disorder that affects Asians and blacks more commonly than Whites. It is a unilateral disorder in 90% cases and more common in females withfemale to male ratio of 5:1.

Pathophysiology is still unconfirmed. It is postulated that Nevus of Ota results from defective migration of neural crest cells to the epidermis during embryonic stage. The two peak ages of onset in early infancy and in early adolescence suggestthat hormones play a role in the development of this condition(4,5)

After its onset, Nevus of Ota may enlarge slowly and progressively and darken in color. Its appearance usually remains stable once adulthood is reached. The color and perception of Nevus of Ota may fluctuate depending on personal and environmental factors such as fatigue, menstruation, insomnia, and cloudy cold and hot weather conditions(.6)

Ocular associations are present and include involvement of sclera, cornea, anterior chamber angle, iris, retina and optic disc. The two vision-threatening complications are glaucoma and uveal melanoma. The metastasis from uveal melanoma can risk the life of the patient(.7)

The risk of glaucoma is 10 - 15%. In cases of uveal melanoma, 3% have evidence of Nevus of Ota. Moreover, the risk of metastasis from uveal melanoma is also higher in cases of Nevus of Ota than without preexisting nevus(.8,9)

The patient we reported here was a young male who had ocular involvement including episcleral pigmentation, hyperchromic iris and pigmentation of retina and choroid.No other risk factors associated and asked to follow up regularly

IV. CONCLUSION

Nevus of Ota is a benign and rare disorder, the ocular association may be vision- threatening and, therefore, a regular and long-term follow-up by an ophthalmologist is necessary.

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