Photo Essay

Giant nevus of Ota

Pukhraj Rishi, Ekta Rishi, Deepak Bhojwani

Key words: Hamartoma, melanoma, nevus of Ota, ocular melanocytosis, skin hyperpigmentation

Nevus of Ota is a hamartoma of dermal melanocytes presenting as blue hyperpigmented patches on the face usually within the distribution of ophthalmic and maxillary branches of the trigeminal nerve.[1] A case of giant nevus of Ota involving all three branches of the trigeminal nerve is presented.

Case Report

An 18-year-old girl presented with skin hyperpigmentation over the left side of the face since childhood. External examination revealed bluish hyperpigmented patch involving the forehead, periorbital area, temple, cheek and mandibular area [Fig. 1]. Examination of the left eye showed conjunctival melanocytosis, anterior and intercalary staphyloma, leucomatous corneal opacity and pseudoproptosis [Fig. 2]. The right eye was essentially normal. Visual acuity was nil perception of light in the left eye and 20/20 in the right eye. Left eye ultrasound ruled out intraocular mass and showed optic nerve head cupping; the axial length was 31 mm [Fig. 3]. Magnetic resonance imaging of brain done elsewhere (images not available) was reported normal. She underwent enucleation of the left eye. Histopathological examination of enucleated eye revealed melanocytic proliferation in the conjunctiva, iris, cilary body, choroid and sclera [Fig. 4].

Discussion

Nevus of Ota usually appears at birth and has a female preponderance (4.8:1).[2] It may be associated with nevus of Ito, ocular melanoma (1 in 400) and glaucoma (10.3%).[3] Hence, the need for detailed ophthalmic and systemic examination. Histologically it is classified into five types, which are superficial, superficial dominant, diffuse, deep dominant, and deep. The more superficial lesions tend to be located on the cheeks while deeper lesions occur on periorbital areas, temple, and forehead. This classification bears significance in making a therapeutic prognosis of the disease.[4] A lifelong follow-up with dermatologist and ophthalmologist

Access this article online

Quick Response Code:

Website: www.ijo.in

DOI: 10.4103/0301-4738.162607

Shri Bhagwan Mahavir Vitreoretinal Services, Sankara Nethralaya, Chennai, Tamil Nadu, India

Correspondence to: Dr. Pukhraj Rishi, Shri Bhagwan Mahavir Vitreoretinal Services, Sankara Nethralaya, 18 College Road, Chennai - 600 006, Tamil Nadu, India. E-mail: docrishi@yahoo.co.in

Manuscript received: 16.09.14; Revision accepted: 19.12.14

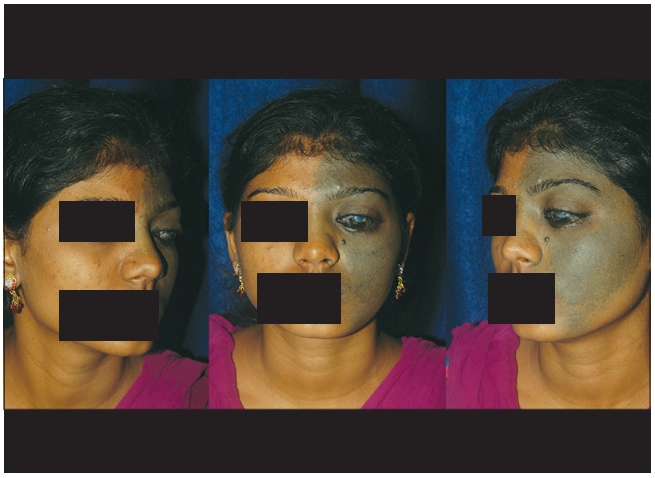

Figure 1: External photograph reveals blue-grey skin pigmentation over left face involving forehead, periorbital area, temple, cheek and eyelids. Hemifacial involvement is typical while the involvement of mandibular area is atypical. Left eye (left image in panel) shows pseudo-proptosis caused by increased axial length due to secondary glaucoma

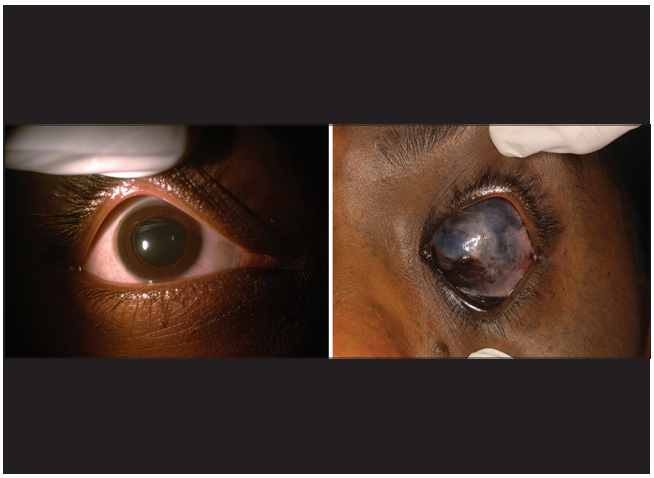

Figure 2: Right eye is normal (left). Left eye has ocular melanocytosis involving eyelids, conjunctiva, sclera, cornea and uvea. Anterior and intercalary staphyloma, leucomatous corneal opacity and buphthalmos are due to long-standing secondary glaucoma

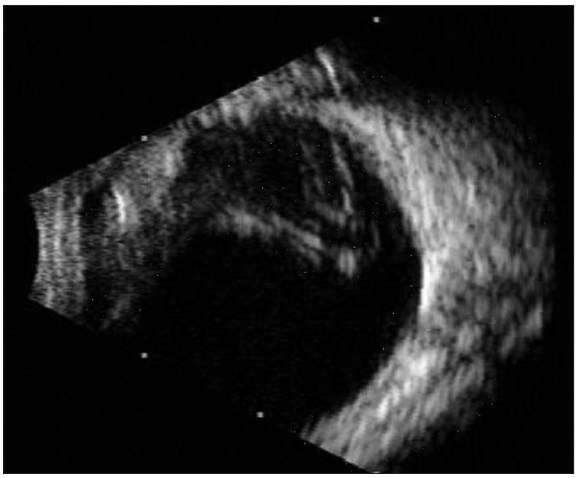

Figure 3: Ultrasound shows vitreous detachment; axial length is 31.5 mm. In the presence of media opacity, ultrasound helps rule out intraocular mass lesion

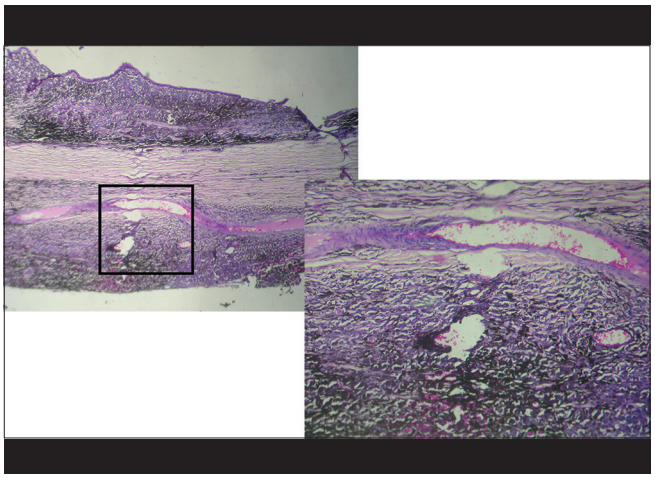

Figure 4: Histopathologic examination of enucleated eye reveals extensive melanin infiltration in the uveal tissue (H and E, ×40)

is required given the increased incidence of malignant melanoma.[5]

Acknowledgment

Dr. Jyotirmay Biswas for his help with histopathological slides.

References

1. Watanabe S, Takahashi H. Treatment of nevus of Ota with the Q-switched ruby laser. N Engl J Med 1994;331:1745-50.
2. Aurangabadkar S. QYAG5 Q-switched Nd: YAG laser treatment of nevus of Ota: An Indian Study of 50 Patients. J Cutan Aesthet Surg 2008;1:80-4.
3. Teekhasaenee C, Ritch R, Rutnin U, Leelawongs N Glaucoma in oculodermal melanocytosis. Ophthalmology 1990;97:562-70.
4. Hirayama T, Suzuki T. A new classification of Ota's nevus based on histopathological features. Dermatologica 1991;183:169-72.
5. Radhadevi CV, Charles KS, Lathika VK. Orbital malignant melanoma associated with nevus of Ota. Indian J Ophthalmol 2013;61:306-9.

Cite this article as: Rishi P, Rishi E, Bhojwani D. Giant nevus of Ota. Indian J Ophthalmol 2015;63:532-3.

Source of Support: Nil. **Conflict of Interest:** None declared.