In the name of GOD

Congenital Pigmentation disorders

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#Hypermelanosis

#Hypomelanosis

Hypermelanosis

Periorbital melanosis

* Darkening of the skin around the eyes ***** Physiological ₩A.D * First noted: below the lower lids Start: puberty (usually) ***** Wide variation in intensity and extent ***** Treatment: Topical

Multiple lentigines synd (Leopard)

- # At birth- early death
- ₩A.D
- * Lentigines: Neck + Upper trunk
- #ECG abnormality: Valvular + Conduction defect
- * Ocular hypertelonism
- * Pulmonary stenosis
- * Abnormal genital
- * Retard in growth
- Deafness

Incontinentia pigmenti

*Vesicular+ verrucus + pigmented cutaneuse lesion + defect in eye + skeletal +CNS

*X-linked (lethal in male) (95% female)



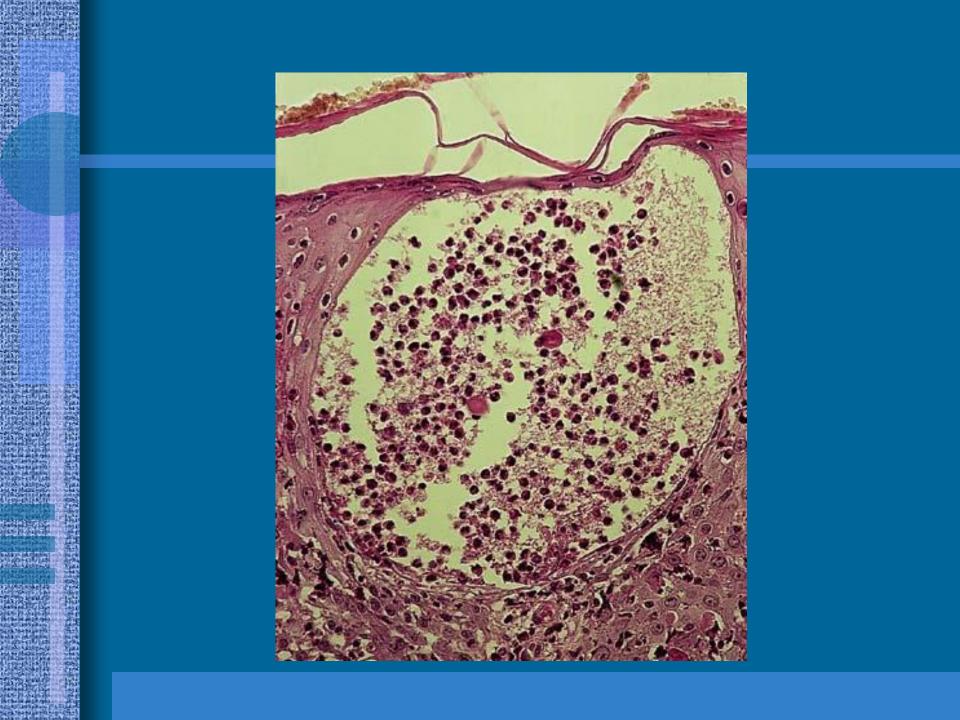
*Birth (before end of first week)

*Bulla + papular and warty lesion +pigmentation



Clinical features

Bulla**: **clear tense, liner in limbs *****Days- month (until 6 months) *Linear warty: *****Back of hands and foots(until 6 month) *****Pigmentation: *****From normal or lesional skin *Maybe only abnormality ***Blue-** grey or brown *****Bizarre splashed (diagnostic)





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*Dental defects (absence of teeth upper incisor + premolar)

Occular defects

*C.N.S disorders: 25% (MR- epilepsy)

Albright's syndrome

Unknown cause

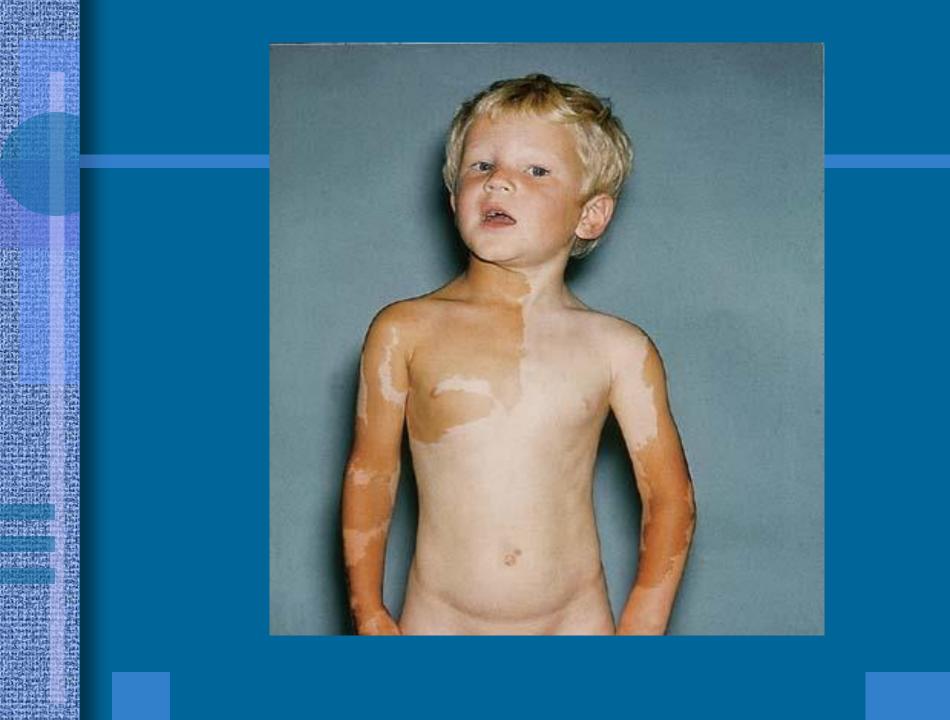
#4 months- 2years (occasionally in birth)

- * Extensive light-brown patches (irregular margin)
- * Trunk- buttock- thighs

*Asymmetrical

* Bone lesions: first decode + pathological fractures+ deformity







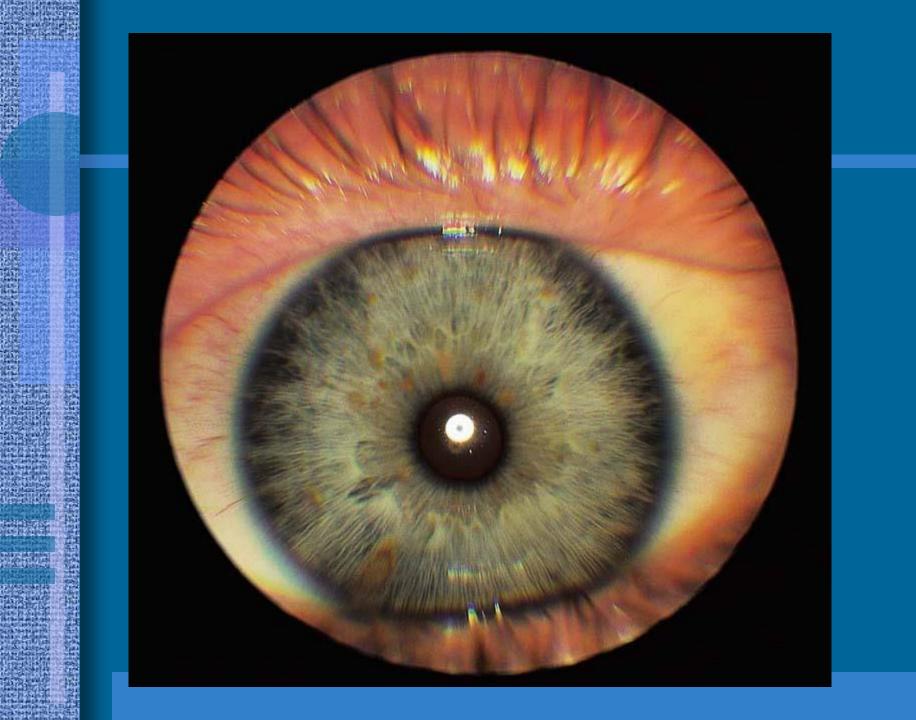
* Bone lesion side → pigmentation ↑ * Ca+ P → Normal * Precocious puberty in girls (under 10 years) * Accelerated growth in childhood

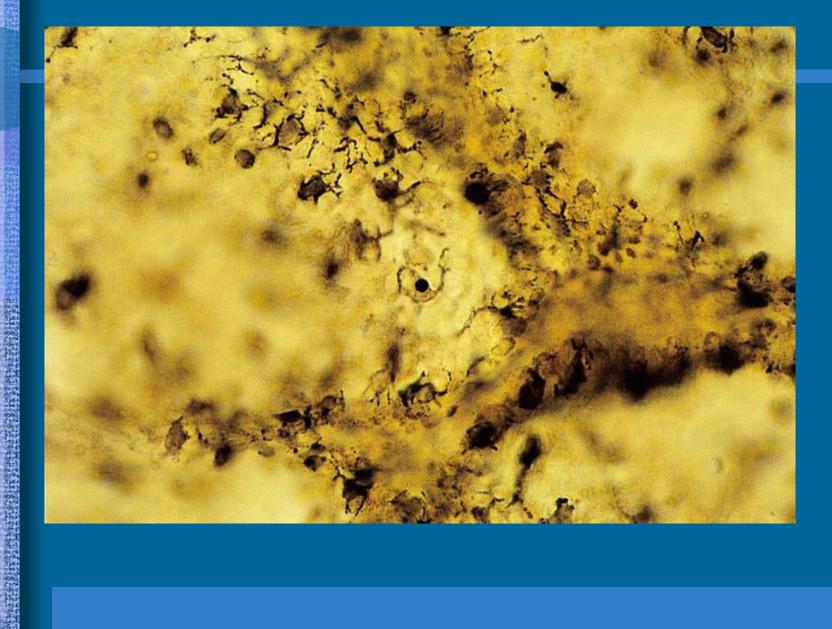
Nourofibromatosis

*Cafe- au- lait (90%)

*10% normal variation

*Six or more \rightarrow dis.





Mongolian spot

*****90% mongoloid baby *Lumbosacral (leg occasionally) *Poorly circumscribed blue- black *****Mistake for bruise *****Fade in early childhood (usually) $*Extrasacral \rightarrow prolong$

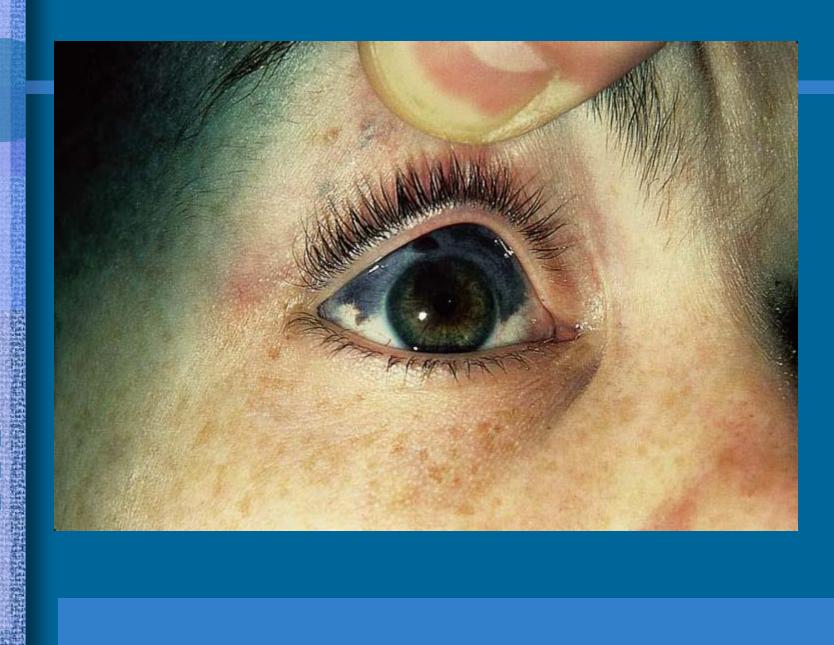




Nevuse of Ota

*Hyper pigmentation affect one side of face (area supplied by ophthalmic and maxillary branch of trigeminal nerve) *At birth (usually) *****Blue- brown color *Sclera \oplus *Deafness (ipsilateral) **Treatment: ***Laser *****Cryo





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Nevuse of ITO

#Increased pigmentation in area supply by post. Supra clavicular + lateral brachial

Common in Japanese



Hypomelanosis

Piebaldism

*****Or partial Albinism *Absence of melanocytes and melanosomes in area * Patch of depigment \rightarrow at birth *Unchange throughout life *****Most common: Frontal median *White fore lock (100%) (rarly only lesion) *Others site: upper chest+ Abdomen+ limbs *Hand + feet+ back \rightarrow Normal





*****Photoprotection

Skin grafts

*Psoralen therapy

Incontinentia pigmenti achromians of ITO

*Whorled depigmentation *****Unilateral or bilateral *Like incontinentia pigmenti (without bullawarty) *****Birth *Bone + eyes+ C.N.C dis.



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Albinism

* Partial or complete failure of melanin production in skin and eyes * melanocyte \rightarrow Normal (Number) ***** Albinism: *****Tyrosinase * Negative \rightarrow most of melanosom in stage 1,2 ***** Positive \rightarrow most in stage 3 * Albinoidism: Involve skin+ hair (not eyes) * Incidence: in UK $\frac{1}{20.000}$ Birth

Clinical features

*Marked dilution of pigmentation of :
*Skin
*Hair
*Eyes

* Tyrosinase negative:
 *skin → Pink
 *hair → white
 *eyes → red reflex





*Tyrosinase positive: some pigment seen in iris+ skin + hair (yellow color)

*Dark brown freckle

*Photophobia (in both type)

*Nystagmus in 100%







* ↑ actinic keratosis + S.C.C+ melanoma

*Treatment :
 *No treatment
 *Photo protection
 *Regular examination for pre malignant lesion

The END