Case 13

A 7-year-old Thai girl from Samutsakorn.

Chief complaint Hypopigmented and hyperpigmented macules at hands and feet for 4 years. **Present illness**

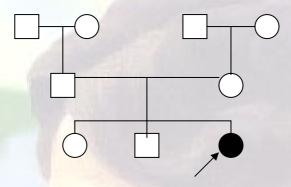
She has had hypopigmented macules at left lateral malleolus since 4 years previously, and developed hypopigmented and hyperpigmented macules at dorsum of both hands to elbows and both feet to knees. She has been treated with sunscreen and vitamin without improvement, the lesion still progress.

She has also had multiple brown macules at her face for 1 year.

Past history: Nil.

Birth history: Normal delivery, BW at birth was 2.6 kg.

Family history:



Physical examination

Height 115 cm. Body weight 18.8 kg.

GA: A Thai girl, alert, not pale, no jaundice.

HEENT: Multiple brown macules at both cheeck.

Heart and lung: Normal

Abdomen: Normal, no hepatosplenomegaly.

Extremities: No edema

Skin: Reticulate motted hypopigmented and hyperpigmented macules at dorsum and extensor surface of

both hands and forearms, and the same lesion at both legs.





Diagnosis: Reticulate acropigmentation of Dohi.

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Comments

Reticulate acropigmentation of Dohi (Dyschromatosis symmetrica hereditaria or symmetrical dyschromatosis of the extremities) is characterized by pigmented and depigmented macules in a reticulate pattern on the extremities. The disorder generally has an autosomal dominant pattern of inheritance. Howeveer, autosomal recessive was reported. This patient has no family history of the same disease. Histology of the reported cases usually shows increase melanin in all epidermal layers which tapers towards the surface of hyperpigmented macule and much less melanin on hypopigmented macules. But it had a similar distribution. There was a case report of overlap acropigmentation of Dohi and Neurofibromatosis type 1. And also case of overlap reticulate acropigmentation of kitamura and acropigmentation of Dohi and Dowling-Degos disease.

Reference

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