

20TH WORLD DERMATOLOGY AND AESTHETIC CONGRESS

July 23-24, 2018 Kuala Lumpur, Malaysia

Clinical and dermoscopic evaluation of periorbital hyperpigmentation

Mithali Jage¹ and Sunanda Mahajan²

¹Lokmanya Tilak Municipal Medical College, India

²King Edward Memorial Hospital and Seth Gordhandas Sunderdas Medical College, India

Introduction: Periorbital hyperpigmentation is a routinely encountered condition in dermatology practice. Studying the clinical features and its correlation with dermoscopy will help in better understanding of the patterns of periorbital pigmentation and its evolution.

Method: 50 patients attending dermatology OPD with periorbital hyperpigmentation as presenting complaint were included in the study. A detailed history and proper clinical examination was done. Laboratory tests were advised whenever necessary. Dermoscopy of pigmentation over both lower eyelids was done and 200x magnification of Oitez escopes [DP-M17 filter escopes pro (optical 200x)]. Clinical photographs of all patients were taken.

Result: The most common etiology of periorbital hyperpigmentation was multifactorial. The most common clinical type is post-inflammatory type. Other associated clinical findings included pigmentation at other anatomical sites (20%), visible bulging (10%); tear trough (8%) and visible superficial vessels in periorbital region (6%). On dermoscopy, majority of patients had multicomponent pattern (64%) which included more than one pattern of pigmentation, vasculature and skin changes. The different patterns of pigmentation were blotches (30%), exaggerated pigment network (28%), coarse speckled (24%), fine speckled (20%) and globules (16%). Pattern of vasculature included telangiectasia (18%) and superficial dilated vessels (20%). Patterns of skin changes included atrophy (18%) and exaggerated skin markings (22%). Dermoscopic features can correlate with its etiology.

Conclusion: Periorbital hyperpigmentation is a multifactorial entity. Dermoscopic features can correlate with its etiology.

Biography

Mithali Jage has completed her MBBS and has obtained Masters (MD) in Dermatology, Venereology and Leprosy from King Edward Memorial Hospital and Seth Gordhandas Sunderdas Medical College under Maharashtra University of Health Sciences Nashik, India. She is currently working as an Assistant Professor at Lokmanya Tilak Municipal Medical College, India. She has two publications and presented papers in various international and national conferences.

Notes: