



PAEDIATRIC DERMATOLOGY

## IT RUNS IN THE FAMILY

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**Background:** Dyschromatosis symmetrica hereditaria, also known as reticulate acropigmentation of Dohi, is the most common dyschromatosis and has been reported in mainly Asian populations. It is characterized by a symmetrical distribution of hyper and hypopigmented macules over the dorsa of the hands and feet. Inheritance is of an autosomal dominant pattern with near complete penetrance and familial phenotypical variation. The lesions can be congenital and usually develops before adulthood, progressing to become stable in later life. They worsen after sun exposure, with a lack of photosensitivity. Rarely, there is association with neuropsychiatric conditions such as depression. Histology shows varying melanin content in the basal skin layer. The differential diagnoses centres the genetic dyschromatoses, namely dyschromatosis universalis hereditaria, mild xeroderma pigmentosum phenotypes, epidermolysis bullosa simplex with mottled pigmentation, amyloidosis cutis dyschromica. In the adult population, there can be consideration of other hereditary reticulate pigmentary disorders, such as pigmentation of Kitamura and classic Dowling Degos disease, with its' histological variant Galli-Galli disease, as well as of usage melanocidal compounds including hydroquinone.

**Observation:** A three-day old baby girl was referred for hypopigmented and hyperpigmented macules noticed at birth. She was born full-term with no pre-natal or birth complications, and had normal neurodevelopment. Similar and asymptomatic lesions, which were stable over time, were present in her mother and brother. On examination, there were reticulate hypopigmented and hyperpigmented macules over her extensors. Her mother had similar faint scattered hypopigmented and hyperpigmented macules over the flexor surfaces of her forearms.

**Key Message:** Current medical treatments for DSH have been unsuccessful, and the main concern is that of an impact on cosmetic appearance. Stringent protection from sunlight exposure may decrease the contrast between the hypo- and hyperpigmented macules. Our patient was advised on photoprotection and she was followed up in the outpatient paediatric dermatology clinic.

