PIGMENTATION

# REMOVAL OF FOREARM LENTIGINES IN DYSCHROMATOSIS UNIVERSALIS HEREDITARIA WITH A 755-NM Q-SWITCHED ALEXANDRITE LASER

*Yiming Li [1] - Li Li [2]*

*The First Affiliated Hospital Of Chengdu Medical College, Dermatology And Venerology, Chengdu, China [1] - Huaxi Hospital, Dermatology And Venerology, Chengdu, China [2]*

Background: Dyschromatosis universalis hereditaria (DUH) is characterized by hyper- and hypo-pigmented macules forming a reticulate pattern. Spontaneous regression has not been recorded.

Observation: A 20-year-old woman presented with progressive and asymptomatic mottled hyper- pigmentation involving almost the whole body since five. She was noted to have diffuse and symmetric mottled hyper- and hypo-pigmented macular dyspigmentation involving the face, neck, trunk, back, buttocks, arms, and legs; sparing palms, soles, nails and oral mucosa. Skin biopsy for hypo-pigmented lesions revealed normal epidermis and perivascular lymphocytes and melanocytes within the papillary dermis. Skin biopsy for hyper-pigmented lesions showed increased melanin granules and pigmentation in the basal cell layer of the epidermis, and perivascular lymphocytes and melanocytes within the papillary dermis.
We treated a 5 cm x1 cm area on the left forearm with a 755-nm Q-switched alexandrite laser, 3-mm spot size, 5.2 J/cm2 fluence, and 5 Hz frequency. Patient noticed initial darkening of lentigines and then light peeling and fading over 10-14 days. No erythema, edema, blister, paleness, bleeding, or ecchymosis were noticed. Significant improvement was noted after one treatment without any scarring or undesirable pigmentary changes. Compared with the lentigines before the treatment, no recurrence was noted at the 11-month follow-up after one single treatment session.

Key message: The Q-switched alexandrite laser at 755-nm or 752-nm wavelength and 5-7J/cm2 fluence, used on a bimonthly or trimonthly basis, has been previously reported to be an effective and safe treatment for facial and labial lentigines associated with Peutz-Jeghers syndrome, cutaneous reticulated acropigmentation of Kitamura, and pigmentary disorders of Laugier-Hunziker syndrome.
We treated a test area on the forearm using the Q-switched alexandrite laser, and the treatment proved to be effective, well-tolerated, and long-lasting. We recommend that this modality be considered in the treatment of other sites.