

Nevus of Ota and Ito

Nevus of Ota and Nevus of Ito are skin conditions where certain areas of the skin become darker than the surrounding skin. Nevus of Ota usually shows up on the face, following the area served by a nerve called the trigeminal nerve, while Nevus of Ito appears on the shoulder or upper arm, along a nerve called the brachial plexus. These spots are usually harmless, but they can be a concern for how the skin looks. In very rare cases, they might change in a way that could lead to more serious health problems, so it's important to keep an eye on them.

Nevus of Ota

Nevus of Ota, also called nevus fuscoceruleus ophthalmomaxillaris, is a condition that causes dark spots on the skin. It affects the areas of the face that are controlled by the first two branches of a nerve called the trigeminal nerve. These dark spots usually appear on one side of the face, often on the cheek, nose, forehead, temple, and around the eye. In rare cases, both sides of the face can be affected.

The spots can range in color, showing up as blue, bluish-gray, or brown patches. Sometimes, the eye itself can also be affected, with discoloration in parts like the conjunctiva, cornea, or retina. While the condition can start at birth, it often begins to develop during puberty or early adulthood. Over time, the spots may become darker or more noticeable.

Epidemiology

Nevus of Ota is more commonly seen in people of Asian and Black descent, where it occurs more often than in other ethnic groups. The condition is usually harmless and doesn't cause serious health problems. However, there is a small risk that melanoma could develop in the pigmented area, though this is very rare. Because of this, it's important to monitor the spots over time to make sure they don't change.

Diagnosis

Nevus of Ota is usually diagnosed based on its appearance and the specific area of the skin it affects. Doctors may use a dermatoscope to closely examine the lesion and check for any signs of skin cancer. If the pigmented area involves the eye, imaging tests like fundus photography or optical coherence tomography can help look at the retina and eye more closely. In some cases where the diagnosis is unclear, a biopsy may be taken to confirm the condition and rule out other possible causes of pigmentation, like melanoma.

Nevus of Ito

Nevus of Ito is a pigmentation disorder similar to Nevus of Ota but affects different areas of the body. While Nevus of Ota is typically found on the face, Nevus of Ito appears on the shoulders, upper arms, armpits, and sides of the neck. The pigmentation in Nevus of Ito can be bluish-gray or brown, much like Nevus of Ota. These patches occur along the nerve pathways that provide sensation to the upper body, including the shoulder area.

Nevus of Ito can either be present at birth (congenital) or develop later in life (acquired). The pigmentation may get darker over time, but it tends to be more stable compared to Nevus of Ota. Bilateral involvement (affecting both sides of the body) is less common, but it can happen in some cases.

Treatment Options

Both Nevus of Ota and Nevus of Ito are typically benign, with no risk of systemic disease or serious health complications. However, the cosmetic appearance of these lesions often leads individuals to seek treatment, especially when the pigmentation is noticeable on visible areas of the body. Various treatment modalities, particularly laser therapy, are available to improve the cosmetic appearance of the lesions.

➤ Laser Therapy

- Laser therapy is the most commonly used treatment for both Nevus of Ota and Nevus of Ito. Lasers such as the Q-switched ruby laser, Q-switched Nd:YAG laser, and PicoSure laser are used to target the pigment (melanin) in the skin. These lasers break down the pigment, making the lesion less noticeable. The Q-switched lasers are often preferred because they specifically target the pigment without damaging the surrounding skin. However, results can vary. Some people see a partial fading of the pigmentation, while others may not get the results they expect. Multiple treatment sessions are usually needed for the best outcome.
- Laser treatments can have side effects, such as darkening or lightening of the skin and, in rare cases, scarring. It's important for the procedure to be done by an experienced dermatologist to reduce these risks.

➤ Surgical Options

- In some cases, if the pigmentation doesn't improve with laser therapy or if the lesion becomes very noticeable, surgical excision may be considered. This involves removing the affected skin, and in some cases, skin grafts or other reconstructive techniques may be needed. However, surgery carries a risk of scarring and is usually only considered for severe cases.

➤ Topical Treatments

- Topical treatments, such as creams containing hydroquinone or retinoids, are sometimes used to lighten the pigmentation. However, these treatments are

generally less effective than laser therapy for Nevus of Ota and Nevus of Ito. They may also take longer to show results and can cause skin irritation in some people.

➤ **Sun Protection**

- Sun exposure can darken the pigmentation of Nevus of Ota and Nevus of Ito, so it's important to protect the skin from the sun. Patients should use a broad-spectrum sunscreen with a high SPF and try to avoid sun exposure, especially during peak sunlight hours.

Prognosis and Malignant Potential

Both Nevus of Ota and Nevus of Ito are benign conditions, meaning they are not harmful and typically do not cause any serious health issues. However, it's important to monitor the lesions regularly, especially for those with Nevus of Ota. This is because, although rare, there is a small risk of malignant melanoma (a type of skin cancer) developing within the pigmented areas. Early detection is key, so if there are any changes in the appearance of the lesions—such as increased size, color change, or irregular borders—prompt evaluation by a dermatologist is essential to manage any potential complications.

Conclusion

Nevus of Ota and Nevus of Ito are pigmentation disorders that occur in specific areas of the skin, linked to the trigeminal nerve and brachial plexus, respectively. While both conditions are usually harmless, they can cause cosmetic concerns. The most effective treatment to improve their appearance is laser therapy, although surgical excision may be considered for more severe cases. Regular monitoring is important, especially for Nevus of Ota, because there is a rare risk of malignant melanoma developing in the pigmented areas.

References

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