Reticulate Hyperpigmentation of Iijima, Naito and Uyeno and Other Linear Hyperpigmentations of Children

Dear Sir,

Recently Björngren & Holst reported an interesting case of reticulate hyperpigmentation of Iijima, Naito and Uyeno, affirming this disease to be previously described only from Japan (1,2). However, we think that other cases of pigmentary disorders corresponding to the form first described by Iijima have already been reported from European and American countries, although with different descriptive names.

In 1988 Kalter et al. (3) reported two cases of "Linear and whorled nevoid hypermelanosis" which, in terms of distribution, natural history, and histology resembled the cases of Iijima. In the same article, the authors, after a review of the literature, discovered other previously reported cases of similar hyperpigmentations of infancy, although associated with congenital anomalies (4,5).

Two cases of "Hyperpigmentation reticulée zosteriforme" were presented at the Journées Dermatologiques de Paris in the same year (6).

At the same time we reported, in a letter to the British Journal of Dermatology (7), a boy who showed a pigmentary disorder with clinical features common both to reticulate hyperpigmentation of Iijima and to progessive cribriform and zosteriform hyperpigmentation (PCZH) described by Rower in 1978 (8).

The case of reticulate hyperpigmentation (Iijima, Naito and Uyeno type) observed by Björngren (1), occurring in a 15-year-old girl (age typical of PCZH) (8), confirms our point of view about the existence of borderline forms of the disorder derscribed by Rower (PCZH) (8) and of that by Iijima and colleagues (2).

Finally we think that all these cases can be considered as a part of a unique pigmentary disorder and termed "Linear and whorled nevoid hypermelanosis" as proposed by Kalter et al. These authors have well delineated the main characteristics of these anomalies. In addition we think that, on the basis of clinical presentation, these cases can be classified according to forms: a) congenital or acquired; b) unilateral (limited to a hemisome, with sharp midline demarcation) or diffuse; c) isolated or accompanied by other development defects. Further case presentations could clarify the importance of these associations as well as those with eosinophilia and nevus spilus.

REFERENCES

1. Björngren H, Holst R. Reticulate hyperpigmentation of Iijima, Naito and Uyeno. A European case. Acta Derm Venereol (Stockh) 1991; 71: 248–250.
2. Iijima S, naito Y, Naito S, Uyeno K. Reticulate hyperpigmentation distributed in a zosteriform fashion: a new clinical type of hyperpigmentation. Br J Dermatol 1987; 117: 503–510.
3. Kalter DC, Griffiths WA, Atherton DJ. Linear and whorled nevoid hypermelanosis. J Am Acad Dermatol 1988; 19: 1037–1044.
4. Port M, Courniotes J, Podwal M. Zosteriform lentiginous naevus with ipsilateral rigid cavus foot. Br J Dermatol 1978; 98: 693–698.
5. Alimurung FM, Lapenas D, Willis I, Lang P. Zebra-like hyperpigmentation in an infant with multiple congenital defects. Arch Dermatol 1979; 115: 878–881.
6. Garcia MP, Pujol RM, Moreno A, Perez M, De Moragas JM. Hyperpigmentation reticulée zosteriforme. Journées Dermatologiques de Paris, 9–12 mars 1988.
7. Patrizi A, Di Lernia V, Varotti C. Reticulate hyperpigmentation distributed in a zosteriform fashion. Br J Dermatol 1989; 121: 280.
8. Rower JM, Carr RD, Lowney ED. Progressive cribriform and zosteriform hyperpigmentation. Arch Dermatol 1978; 114: 98–99.

Received April 14, 1992

Vito Di Lernia, Annalisa Patrizi, Iria Neri, Claudio Varotti. Department of Dermatology, University of Bologna, Via Massarenti 1, 40138 Bologna, Italy.

In response to the Letter by Di Lernia et al.

We read with interest the letter from Di Lernia, Patrizi, Neri and Varotti concerning our report on a case of reticulate hyperpigmentation. We agree with the authors in every respect.

This also means that we approve of the proposed way of classification using the term suggested by Kalter et al. (Linear and whorled nevoid hyperpigmentation) and then adding the subgroups as defined by Di Lernia et al.

Their suggesting is logical and should turn out to provide a useful way of identifying and classifying these pigmentary disorders.

Heléne Björngren and Rolf Holst, Department of Dermatology, University of Lund, S-21401 Malmö, Sweden.