Lesions Sing the Blues

If you’ve seen one bluish purple skin lesion … you haven’t necessarily seen them all. Can you differentiate these pigmented patches?

Match the diagnosis to the photo by letter

a. Ota nevus
b. Blue nevus
c. Congenital dermal melanocytosis
d. Glomangioma

1. A 3-week-old infant is evaluated for a lesion that has been present on the sacral area since birth. The child is otherwise healthy, and a pediatrician diagnosed the lesion as benign. However, the parents, who are both Native American, are nonetheless alarmed by thoughts of trauma or skin cancer. The lesion is round, located on the lower left sacral area, and uniformly purple. The surface is totally macular and measures about 2.5 cm. Its margins are uniform, and no underlying induration or other changes can be palpated. Dermatoscopic examination shows uniform faint, bluish pigment.

2. For years, this 24-year-old woman has had an asymptomatic lesion on her upper arm. Aside from growing a bit, it has remained basically unchanged. The bluish black, intradermal, planar nodule is located on the lateral right deltoid. Barely palpable, the 7-mm lesion is neither tender nor firm. The patient’s type IV skin shows little evidence of sun damage.

3. An 18-year-old woman with type IV skin presents for cosmetic removal of an 8 × 5–cm dark brown-blue patch on the right temple and malar and buccal cheek. She has had the lesions since birth and failed to respond to an unknown laser treatment that was administered outside the United States.

4. A 32-year-old man requests evaluation of the large bluish purple growths that manifested on his left arm 2 years ago. Initially, he thought they were bruises from doing some heavy lifting at work. The growths are tender to the touch and compressible and appear vascular in nature. No other family members have this condition.
Diagnosis: **Ota nevus** is a dermal melanocytosis that is typically characterized by blue, gray, or brown pigmented patches in the periocular region. The condition is most notable in patients with skin of color, affecting up to 0.6% of Asians, 0.038% of white individuals, and 0.014% of black individuals. Laser treatment of Ota nevi must be carefully implemented, especially in skin types IV through VI. Although 532- and 755-nm Q-switched nanosecond lasers have been used to treat Ota nevi, typically only moderate improvement is seen; further treatment at higher fluences will only increase the risk for dyspigmentation and scarring. Originally published in *Cutis* (2017;99[3]:E29-E31). For more information, see [https://bit.ly/31Cx6en](https://bit.ly/31Cx6en).