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PhotoDermDiagnosis
Greyish patch on the leg of an infant

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A 2-day-old baby was referred to our clinic with huge greyish patch on the left leg. He was the first son of a nonconsanguineous marriage, and his parents did not have any remarkable antecedent of heritable disorders. The lesion had been present since birth. Physical examination revealed the boy was healthy, alert and well developed. Skin exploration showed an extensive blue-gray patch covering the left side of his left leg (**Figure 1**). Rest of the skin examination was unremarkable. Cardiac examination including ECG and echocardiogram did not show any abnormality.

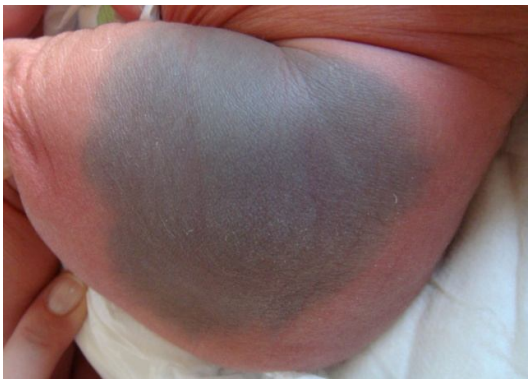

Figure 1

The child is presently 4 months old and shows normal milestones of development.

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Diagnosis

Mongolian spot

Discussion

Dermal melanocytosis is thought to be due to the failure of migration of dermal melanocytes from the neural crest to the epidermal basal cell layer during fetal life, resulting in the presence of melanocytes in the dermis.[1] Among different ethnic groups, over 90% of native American and people of African descent, about 80% of Asians, about 70% of Hispanics and fewer than 10% Caucasians have Mongolian spots.[2] The sacral area is the classic site of involvement. Typical and limited Mongolian spots are benign skin markings, commonly appear at birth or shortly after, and are not associated with any disorder. Size of lesions is few centimeters in diameter, but in some cases, as our patient, the Mongolian spots are large enough to cover almost the entire leg. Despite benign prognosis, extensive Mongolian spots which involve large areas of the posterior and anterior aspect of the trunk and extremities deserve special attention. The combination of extensive Mongolian spots and inborn error of metabolism as gangliosidosis,[3] mucopolysaccharidoses[4], and Hurler disease[4] may not be coincidental. However, the true pathogenic relation of these conditions with Mongolian spots is uncertain. The diagnosis is mainly based on clinical features. Misdiagnosis is more likely if the Mongolian spot is in an unusual site or has an unusual shape. It is therefore important to be aware of the more rare clinical manifestations that this benign condition can take. Treatment is not needed as the spots gradually fade and usually disappear after few years.[5]

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