A 45-year old Caucasian woman with a history of multiple basal cell carcinomas presented for a complete skin check-up. She had skin phototype II, with no symptoms of naevoid basal cell syndrome. She had no lesions suspicious for basal cell carcinoma. Bilateral orange discoloration of the upper eyelids was noted (Fig. 1). The patient reported having had this discoloration for a long time with no diagnosis. The symptoms did not support a diagnosis of xanthoma or xanthelasma. The rest of the examination was normal with no other orange discoloration of the skin or symptoms of hypercarotinaemia. She denied repeated application of make-up, taking any specific oral supplementation, or having a specific diet, especially one rich in fruits or vegetables.

What is your diagnosis? See next page for answer.

Fig. 1. Bilateral orange discoloration of the eyelids.
Bilateral Orange Discoloration of the Upper Eyelids:  
Comment  
Acta Derm Venereol 2010; 90: XX–XX (contd)  

Diagnosis: Orange palpebral spots  
Orange palpebral spots (OPS) is a fairly recently recog- 
nized entity, reported by Assouly et al. (1). This condition  
is probably under-recognized, as the authors reported the  
condition in 27 French patients, including 15 diagnosed  
within a 2-month period (1). We have also encountered  
other Caucasian patients within a period of several months:  
a 72-year-old woman and a 57-year-old man, with similar  
orange discoloration of the inner part of the upper eyelids.  
OPS mainly affects middle-aged Caucasian women, who  
present with a symmetrical asymptomatic yellow-orange  
oval hue of varying intensity on the inner side of the  
eyelids. Discoloration is more visible on fair skin. The  
clinical aspect of OPS is different from that of xanthelasma  
or xanthoma. The pathology of OPS remains unclear;  
carotenoids, vitamin E and retinol levels are normal. The  
authors speculated about a possible role of high-level  
adipocytes, coloured by carotenoids, or lipofuscin depo- 
sits associated with the thin skin of the eyelids, supported  
by microscopic examination of upper eyelid biopsies (1).  
Based on the clinical and histopathological data provided  
by Assouly et al. (1), we considered OPS to be the clinical  
diagnosis in our cases, and that palpebral biopsies would be  
too “invasive”, especially as none of the patients consulted  
specifically for this condition.  
OPS is undoubtedly an under-recognized entity. It is  
important to diagnose OPS in order that it is not mistaken  
for another palpebral condition and unnecessary explora-
tions performed; and in order to reassure patients who are  
aware of the discoloration.  

REFERENCE  
1. Assouly P, Cavelier-Balloy B, Dupré T. Orange palpebral  