

QUIZ SECTION

Bilateral Orange Discoloration of the Upper Eyelids: A Quiz

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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.



Fig. 1. Bilateral orange discoloration of the eyelids.

What is your diagnosis? See next page for answer.

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ANSWERS TO QUIZ**Bilateral Orange Discoloration of the Upper Eyelids:
Comment**

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Diagnosis: Orange palpebral spots

Orange palpebral spots (OPS) is a fairly recently recognized 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 deposits 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 explorations performed; and in order to reassure patients who are aware of the discoloration.

REFERENCE

1. Assouly P, Cavelier-Balloy B, Dupré T. Orange palpebral spots. *Dermatology* 2008; 216: 166–170.