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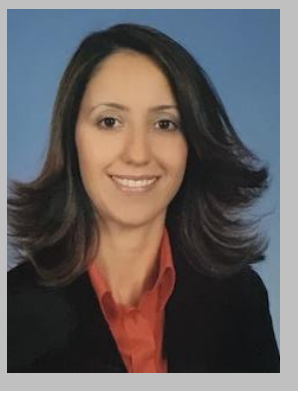

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Nevus of Ota Treatment with 1064 nm QS Nd:YAG Laser

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Parameters:

Laser source:	Q-switched Nd:YAG, 1064 nm
Fluence:	7.2 J/cm^2
Frequency:	4 Hz
Handpiece:	R28
Spotsize:	2 mm

Treatment procedure:

The nevus of Ota (NO) is characterized by an increase in pigmentation in the skin and mucous membranes in the regions of the maxillary and ophthalmic branches of the trigeminal nerve. It is a melanocytic hamartoma that presents unilateral or bilaterally. NO is commonly seen in females and usually appears at birth. Q-switched (QS) laser systems have gained popularity in the treatment of NO as they produce less scarring and better outcomes.

A 31-year-old female presented to the hospital with an asymptomatic blue-gray, hyperpigmented, poorly defined patch over the right side of her forehead that had been present since birth (Figure 1). She had no history of ocular disease, hearing loss, or use of medications that produce pigmentation. There was no pigmentary disturbance of either eye or the oral mucosa. She was diagnosed with Nevus of Ota.

The local anesthesia was achieved by 15 minutes of pretreatment with topical 5% lidocaine. The area was then cleaned with hydrogen peroxide-sodium-hypochlorite. The test shot was placed in a suitable non-exposed area. The patient was initially treated with 2 sessions of 1064 nm Q-switched Nd:YAG (QX MAX, Fotona, Slovenia) with the above-stated parameters. The treatment produced an expected petechial rash (Figure 2-3). "Spot hunting" was then performed on the second scan to treat untreated and skipped areas.

An antibiotic ointment (2% fusidic acid) was applied and the treatment area was covered with a sterile gauze pad and kept occluded for 24 hours. The ointment was used 3 times a day for the next 7 days without any occlusion. Sun avoidance was recommended. The treatment interval was four weeks.

Usually 3-4 sessions are planned. This patient did not return after the second session. She was satisfied with the improvement even after the first session (Figure 4). The patient's lesion improved by 60% with a single session. No complications were observed.

Fig. 1: Baseline photos of patient with Nevus of Ota

Fig. 2: After laser treatment

Fig. 3: 1 week after treatment

Fig. 4: Four weeks after laser treatment