

Orange palpebral spots

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Clinical Image

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An otherwise healthy 54 year old woman was incidentally found to have asymptomatic and thin, orange plaques on the bilateral palpebrae during a routine cutaneous exam by her dermatologists SMS/SMP in February 2021 (Image A). She reported a well balanced diet without excessive fruits or vegetables. A lipid panel from 5 months before presentation was normal. Given this history, a clinical diagnosis of orange palpebral spots (OPS) was made. The patient was instructed to apply white petrolatum to her eyelids nightly and monitor for improvement.

Palpebral discoloration may be congenital or acquired because of hormonal or metabolic disturbances [1]. OPS and xanthelasma must be distinguished from one another as both



Image A: Thin orange plaques on the bilateral palpebrae of a 54 year old woman.

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result in yellow–orange eyelid discoloration. While OPS is a benign condition reported exclusively in healthy individuals without hyperlipidemia, xanthelasma is associated with hyperlipidemia and appropriate screening, prevention, and treatment for cardiovascular comorbidities are necessary [1–3]. Biopsies of OPS show high situated lipid deposition in the dermis but lack the finding of lipid laden histiocytes seen in xanthelasma [3]. Laboratory investigation of patients with OPS has shown correlation with a high level of vitamin E, total carotenoids, or β -cryptoxanthin, which can be attributed to high consumption of citrus, although these laboratory associations are rare [2]. Another working etiology of OPS is local trauma due to eyelid rubbing or blinking, supported by the histopathologic finding of melanin incontinence in the superficial dermis reported in some biopsies [3]. There is no standard treatment for OPS at this time [1–3].

Evaluation of laboratory data and collection of social, medical, and dietary history in patients with yellow–orange eyelid discoloration are crucial to diagnose OPS as a unique and benign entity, preventing an unnecessarily extensive workup and treatments for other causes with similar presentations.

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References

1. Hoopes R, Gabbard R, Kellawan K. Orange palpebral spots in an asymptomatic 48-year-old female. *Front Dermatol Cosmet* 2020;2:1.
2. Assouly P, Cavelier-Balloy B, Dupré T. Orange palpebral spots. *Dermatology* 2008;216:166–70.
3. Belliveau MJ, Odashiro AN, Harvey JT. Yellow-orange palpebral spots. *Ophthalmology* 2015;122:2139–40.