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Laugier-Hunziker syndrome: A rare cause of hyperpigmentation

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Abstract

Laugier-Hunziker Syndrome is also known as idiopathic lenticular mucocutaneous pigmentation. It is characterized by asymptomatic mucocutaneous lentiginous macules, commonly located on the buccal mucosa and lips, and it is associated with longitudinal melanonychia. It is important to rule out other causes of similar hyperpigmentation. In this article, a clinical case is reported, with the characteristic lesions of this uncommon condition.

Keywords: Pigmentation disorders, lentigo, nails, lip

Introduction

Laugier-Hunziker syndrome is an uncommon cause of hyperpigmentation, of unknown etiology, with a large number of differential diagnoses. In this article, a clinical case is reported, with the characteristic lesions of this condition.

Case report

An 84-year-old woman was referred by her primary care physician for lip lesions. On physical examination, hyperpigmented macules were observed on the upper and lower lips (Figure, panel A), as well as longitudinal hyperpigmented lesions on several nails of both hands (Figure, panel B). She had no symptoms related to these findings, and she reported having had them for many years. Studies were performed to rule out various differential diagnoses. A diagnosis of Laugier-Hunziker Syndrome was made.

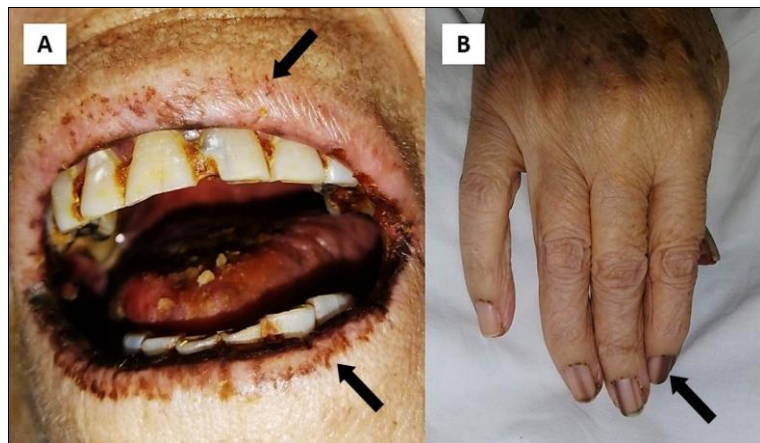


Fig 1: Hyperpigmented macules on the upper and lower lips (panel A). Longitudinal hyperpigmented lesions on several nails of both hands (panel B).

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Discussion

In 1970, Laugier and Hunziker reported five cases of uncommon acquired macular hyperpigmentation on the lips and oral mucosa, and two of these patients showed longitudinal pigmented streaks on the nails ^[1]. 9 years later, Baran highlighted the finding of longitudinal melanonychia as a key to the diagnosis ^[2]. Laugier-Hunziker Syndrome is also known as idiopathic lenticular mucocutaneous pigmentation ^[3]. It is characterized by asymptomatic mucocutaneous lentiginous macules, commonly located on the buccal mucosa and lips, and it is associated with longitudinal melanonychia ^[4].

The etiology is unknown and is not associated with underlying systemic abnormalities or risk of malignancy. It occurs with greater prevalence in middle-aged adults and affects women more frequently ^[4]. It is important to rule out other causes of similar hyperpigmentation, such as Addison's disease, Peutz-Jeghers syndrome, Leopard syndrome, LAMB syndrome, Carney complex, McCune-Albright Syndrome, smoking, drugs, among others. No treatment is required. Patients may seek treatment for removal of labial hyperpigmented macules based on aesthetic consideration. Recurrence may occur after treatment. Sun protection is crucial to prevent reoccurrence ^[5].

Conflict of Interest

Not available

Financial Support

Not available

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