THE AUSTRALASIAN COLLEGE
OF DERMATOLOGISTS

Hori's Naevus

Also known as … acquired naevus of Ota-like macules (ABNOM) and naevus fusco-caeruleus zygomaticus

What is Hori's Naevus?

Hori's Naevus presents as benign (harmless) blue-grey to gray-brown patchy and spotty pigmentation on the prominence of the cheeks. The condition usually appears in adulthood. It is most common in middle-aged Asian women.

The condition is often misdiagnosed as it may resemble or coexist with melasma.

Hori's nevus, before and after treatment. Image reproduced with permission of Dr Phil Bekhor

What causes Hori's Naevus?

Genetics and hormones play a role in the development of Hori's naevus.

In normal skin, melanin-producing pigment cells (melanocytes) are present only in the upper layer of skin (the epidermis) and hair follicles. However, when these cells are present in the underlying area of skin (the dermis) it causes a condition known as dermal melanocytosis. Dermal melanocytosis is a spectrum of conditions and includes Mongolian spots, naevus of Ota, Hori's naevus and naevus of Ito.

When melanin is present more deeply in the skin, it results in the perceived colour changes from black-brown to blue-grey.

What does Hori's Naevus look like?

Hori's naevus presents as bilateral and symmetrical small, greyish-brown to blue-grey spots on the prominence of the cheeks and less often the temples, nose, eyelids and forehead.

How is Hori's Naevus diagnosed?

The diagnosis is based on clinical examination. However, in rare cases a skin biopsy is needed.

How is Hori's Naevus treated?

Hori's naevus can be treated with the Q-switched ruby laser, Q-switched alexandrite laser or Q-switched Nd:YAG lasers. Multiple sessions (at least 4) are usually necessary.

Temporary tanning of the skin (post-inflammatory pigmentation) can complicate treatment. However, this usually settles over time. The risk of post-inflammatory pigmentation is increased if melasma is also present. The melasma will also need medical treatment.

This information has been written by Dr Davin Lim and Dr Heba Jibreal