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Orange palpebral spots on bilateral upper eyelids

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To the Editor:

A 64-year-old woman presented to the clinic for a total body skin examination. She had no personal history of skin cancer. Her family history was notable for basal cell carcinoma in her father. The patient's skin examination did not reveal any significant findings except flat, orange-pigmented patches on the bilateral upper eyelids (**Figure 1**). The patient's laboratory work drawn one week prior to her clinic visit showed normal cholesterol and LDL levels at 198mg/dl (normal <200mg/dl) and 99mg/dl (normal <100mg/dl), respectively. The patient was diagnosed with orange palpebral spots (OPS).

Orange palpebral spots are flat, orange-pigmented ovoid patches most commonly found on the medial superior eyelids [1]. These patches were first reported in the literature in 2008 [2]. Orange palpebral spots are commonly found in light-skinned, middle-aged women [2]. Additional laboratory testing and a biopsy were not obtained from our patient because we were not concerned for any other disease. However, the histological findings associated with OPS have been reported in previous literature.

On pathological examination, OPS often presents as high-situated fat cells in the reticular dermis and brown microgranules in the superficial dermis, along with occasional lipofuscin pigment-laden fat cells [2,3]. Although OPS is associated with increased adipose tissue in the superficial dermis, it has not been associated with the lipid-laden macrophages, also known as foam cells, commonly found in

xanthelasma [1]. Additionally, positive Fontana Masson staining for melanin pigment has been reported in OPS [4]. Of note, there is no inflammatory infiltrate, histiocytic granuloma, xanthomization, or necrosis observed on histological study of OPS [2].

Orange palpebral spots is not associated with other systemic diseases or specific laboratory abnormalities [1]. The etiology of OPS is unclear. Patients with OPS are provided reassurance of its benign clinical course and there is currently no standard treatment for OPS. Cosmetic treatments can be considered if the patient is bothered by the appearance of the lesions.



Figure 1. Orange palpebral spots on bilateral upper eyelids.

Potential conflicts of interest

The authors declare no conflicts of interest.

References

1. Munayco Maldonado G, Chiesa Fuxench Z. Orange palpebral spots: a rare entity of unknown clinical significance. *Int J Womens Dermatol.* 2023;9:e072. [PMID: 36733316].
2. Assouly P, Cavelier-Balloy B, Dupré T. Orange palpebral spots. *Dermatology.* 2008;216:166-170. [PMID: 18216481].
3. Sangha MS, Ibrahim HA, Meys R. Orange palpebral spots: A case presentation. *SAGE Open Med Case Rep.* 2022;10:2050313X221082435. [PMID: 35273801].
4. Belliveau MJ, Odashiro AN, Harvey JT. Yellow-orange palpebral spots. *Ophthalmology.* 2015;122:2139-2140.e1. [PMID: 26001815].