Dear Editor:

Reticulate acropigmentation of Kitamura (RAPK) is an uncommon pigmentary disorder that was first reported in Japan1. Since then, similar cases have been described worldwide; nevertheless, most were still in Japanese patients2. RAPK shows reticulate hyperpigmentation of the dorsum of the acral areas without hypopigmented macules. Despite the report of using 20% azelaic acid to treat RAPK, there has been no certain treatment guaranteeing a clinical effect for more than half a century3. Herein, we present a patient with RAPK who was successfully treated with 532-nm Q-switched Nd:YAG laser (532-nm QSND; MedLite IV Nd:YAG laser; HOYA ConBio, Fremont, CA, USA).

A 29-year-old Korean woman visited our dermatologic clinic for childhood-onset acral hyperpigmentation in March 2002. Reticulate acral hyperpigmentation was recognized but no interspersed hypopigmentation was detected. She had no family history of pigmentary disorder. She neither had taken medication known to induce hyperpigmentation nor had a history of contact to any chemical agent that can cause pigmentary changes. She underwent skin biopsies for the hyperpigmented confluent patch on the dorsum of the hand and discrete hyperpigmented macule on the dorsum of the foot. Histologically, lentiginous melanocytic hyperplasia and some dermal melanophages were observed with mild epidermal atrophy (Fig. 1). On the basis of the findings, we made a diagnosis of RAPK. Considering the histologic findings of superficially situated melanocytic hyperplasia, we used 532-nm QSND. We tested the laser to evaluate its efficacy and safety. A small area of the left arm was selected as the test area. Topical anesthetic agent was applied on the area before treatment. Treatment with parameters of 4-mm spot size, 2 J/cm² was applied. Some pain was present during treatment but it was tolerable, and significant clinical

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A Case of Reticulate Acropigmentation of Kitamura Treated with 532-nm Q-Switched Nd:YAG Laser: 10 Years of Follow-Up Observation

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Reticulate acropigmentation of Kitamura (RAPK) is an uncommon pigmentary disorder that was first reported in Japan1. Since then, similar cases have been described worldwide; nevertheless, most were still in Japanese patients2. RAPK shows reticulate hyperpigmentation of the dorsum of the acral areas without hypopigmented macules. Despite the report of using 20% azelaic acid to treat RAPK, there has been no certain treatment guaranteeing a clinical effect for more than half a century3. Herein, we present a patient with RAPK who was successfully treated with 532-nm Q-switched Nd:YAG laser (532-nm QSND; MedLite IV Nd:YAG laser; HOYA ConBio, Fremont, CA, USA).

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Fig. 1. (A) Lentiginous melanocytic hyperplasia and dermal melanophages with some degree of epidermal atrophy (H&E, ×100). (B) Lentiginous hyperplasia of the basal melanocytes (Fontana Masson, ×100).

Fig. 2. (A) Reticulated brownish patches on the dorsum of both hands before treatment. (B) Significant improvement of hyperpigmentation after seven sessions of treatment. (C) Clinical improvement was maintained after 4 years without treatment. (D) Significant clinical improvement with a clear margin distinguishing the treated from the untreated area.