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Letter To The Editor
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Alezzandrini Syndrome

To the editor.- Alezzandrini syndrome (AS) is an extremely rare disorder of unknown aetiology characterized by two main clinical manifestations such as unilateral tapetoretinal (retinal pigment epithelia) degeneration with the ipsilateral location of depigmented macules of vitiligo and poliosis (hypo- or depigmentation in head hair, eyebrows, or eyelashes). This syndrome first described by Casala AM and Alezzandrini AA in their article named "Vitiligo, poliosis unilateral con retinitis pigmentary hypoacusia"(1959) [**1**]. In addition to listed above signs Alezzandrini AA. also detect hypoacusia [**2**]. But this signs may absent some cases. Here we present our patient with AS diagnosis.

A 37-year-old Caucasian man presented to the Department of Dermatology and Sexually Transmitted Diseases of Azerbaijan Medical University with complaints of hypopigmented macule over the left eyebrow and gradually decreasing visual acuity of the ipsilateral eye (**Figure1**). Skin dyschromia presence for several years without any progression. He denied any comorbidity.

A hypopigmentation of left eyebrow was noticed.

Neurologic examination with cranial CT, chest X-ray and abdominal US revealed no pathology. Routine blood tests with biochemistry within the normal range.

Ophtalmic examination with fundoscopy revealed revealed retinal pigmentary changes in the left eye and intact right eye.

Diagnosis of Alezzandrini syndrome was performed based on listed above clinical data.

Rarity of AS resist the deep study of this unique syndrome. We found only few cases of AS described in the literature. There is some variations of clinical manifestations of AS and few associated conditions. *Shamsadini S* et. al. report a bilateral retinal detechment versus classic unilateral one [**3**]. *Monica G.* et. al. described unique left-sided poliosis and large hyperpigmented macules suggestive of cafe-au-lait spot noticed on the ipsilateral side of the neck [**4**].

Differential diagnosis includes Voct-Koyanagi-Harada syndrome (VKHS) with 3 different stages: first stage characterized by headaches, fever, vomitus, decreasing visual acuity and lasts for 2-4 weeks; second stage clinically presents as acute (followed by chronic) uveitis; third stage of VKHS includes skin and hairs hypo- or depigmentation.

It is important to perform an ophtalmologic examination with fundoscopy in patients with unilateral macules of vitiligo and poliosis located on head hair, eyebrows, or eyelashes to exclude tapetoretinal degeneration.

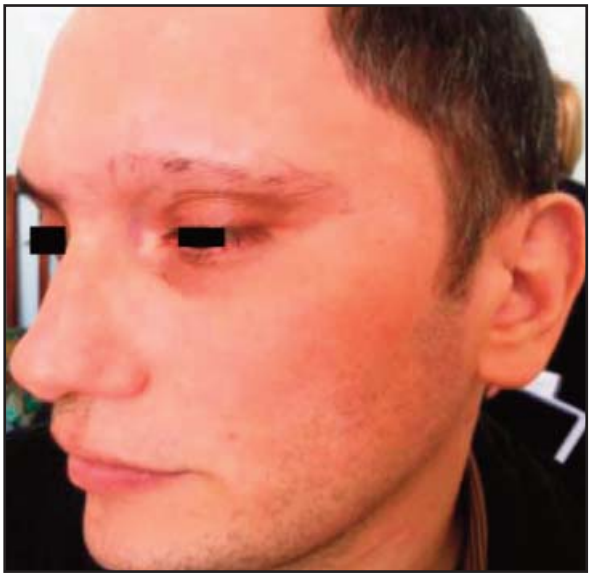

Figure 1. Left-sided poliosis in patient with Alezzandrini syndrome

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Irina Alexandrovna Amirova,[1] MD
Zulfuqar Hasan oglu Farajev,[1] MD
Ilkin Zafar oglu Babazarov,[2*] MD

[1]*Department of Dermatology and Sexually Transmitted Diseases of Azerbaijan Medical University, Baku, Azerbaijan*

**Department of Dermatology of Shirvan Central City Hospital, Shirvan, Azerbaijan*

E-mail: babazarov@gmail.com

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