In The Name of God

Drug Induced Hyperpigmentation

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Pathogenesis

granules in dermal macrophages

Increased melanocytes

Increased melanin synthesis

pigment granules within the dermis

Hydroquinone:

Hyperpigmentation in areas of application due to irritant contact dermatitis (i.e. postinflammatory) or exogenous ochronosis; the latter may also result in small "caviar-like" papules

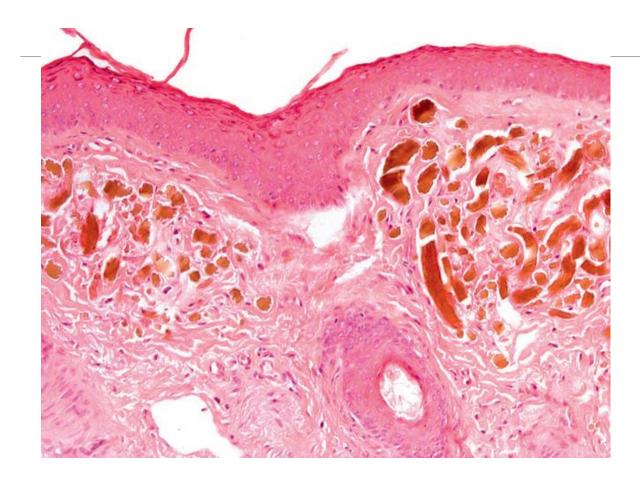
Face, scelera



Hyperpigmentation Due to Hydroquinone



Hyperpigmentation Due to Hydroquinone



Hyperpigmentation Due to Hydroquinone

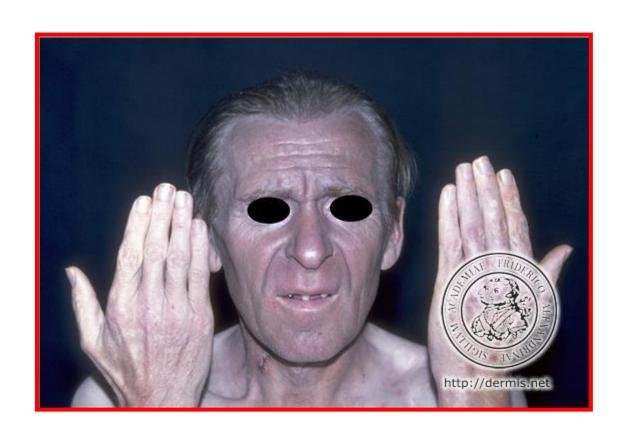
Iron: Monsel solution

Tar melanosis

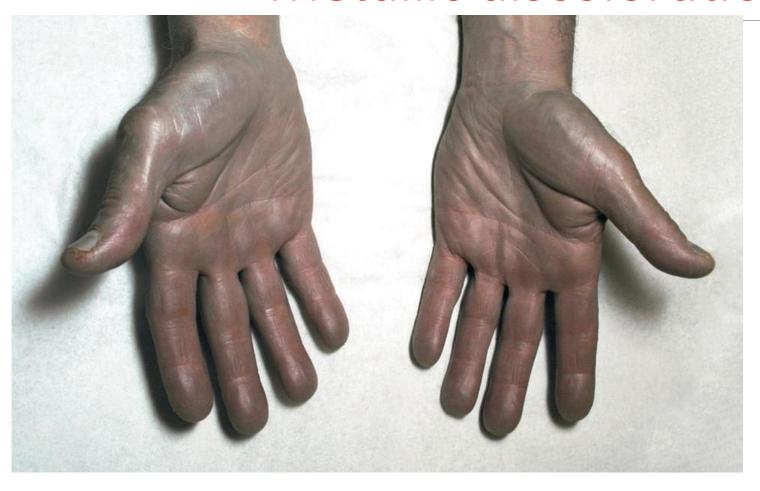
Tar handlers, psoriasis

1. Argyria:

- eye drops, silver sulfadiazine creams, silver earrings, jewelers
- ☐ Diffuse slate-gray discoloration, increased in sun-exposed areas



argyria



argyria

2. Gold:

Parenteral administration of gold salts

Permanent blue-gray discoloration in sun-exposed areas, particularly around the eyes

3. **Iron**:

Permanent brown pigment at injection sites

4. Bismuth:

Generalized blue–gray discoloration of the face, neck and dorsal hands

Oral mucosa and gingivae may be involved

Hormones

Oral contraceptives

melasma: increased pigmentation of nipples and nevi

Increased melanocytes and increased melanin synthesis

ACTH/MSH

Diffuse brown or bronze hyperpigmentation, accentuated in sun- exposed sites

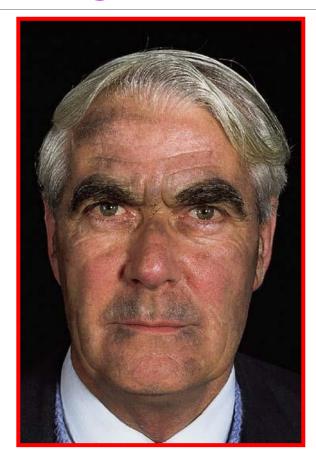
Increased melanin synthesis

Amiodarone:

Slate-gray to violaceous discoloration of sun-exposed skin, especially the face

Fair-skinned patients after long-term intake

Pigmentation due to amiodarone



Clofazimine

Diffuse red to red-brown discoloration of skin, conjunctivae

Violet-brown to blue-gray discoloration, especially of lesional skin

Pigmentation due to clofazimine



Antimalarials

Discoloration affects up to 25% of patients
 Gray to blue–black pigment, usually pretibial, with (hydroxy)chloroquine; face

hard palate, sclerae, and subungual areas may be involved

Minocycline:

- Extremities , normal skin
- cicatrice, inflammed lesions
- Generalized
- ☐ Blue—black discoloration may also involve nails, sclerae, oral mucosa, bones, thyroid, and teeth



Minocycline induced hyperpigmentation



Minocycline induced hyperpigmentation

Psoralens

Diffuse hyperpigmentation after exposure to UVA light following oral administration (PUVA)

Dioxins

Hyperpigmentation may occur in sun-exposed areas

Diltiazem (rarely **amlodipine**)

 Slate-gray to gray—brown discoloration of sun-exposed skin in patients with skin phototype IV

perifollicular accentuation and a reticular pattern may be observed

Zidovudine

friction or sun exposure

Mucocutaneous hyperpigmentation (e.g. widespread diffuse, acral, oral macules) most common in patients with darkly pigmented skin, and may be accentuated in areas of

Longitudinal > transverse and diffuse melanonychia (up to 10% of patients); blue lunulae

Spionolactone

Melasma-like pigmentation

Psychotropic drugs

Slate-gray to brown (with amitriptyline) discoloration in sun-exposed areas

Chemotherapeutic Agents

- 1. Alkylating chemotherapeutic agents (busulfan, cyclophosphamide)
- 2. chemotherapeutic antibiotics: bleomycin, daunorubicin, doxorubicin

5-FU

- Diffuse hyperpigmentation
- hyperpigmentation in areas of trauma, nails, mucosa

Chemotherapeutic Agents

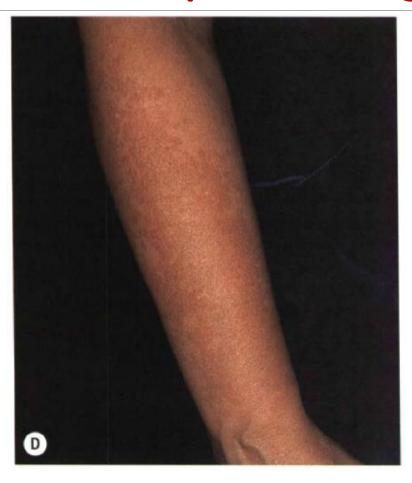




Fig. 67.14 Flagellate pigmentation. This young man had received bleomycin as a treatment for his lymphoma. Note the linear excoriations.

Courtesy, David E Cohen, MD MPH.

oral melanosis:

- hydoxychloroquine
- □ OCP
- phenothiazines
- zidovudine
- bismuth
- **□** Chemotherapeutic Agents

HYPERPIGMENTATION of the NAILS

Antimalarials

Zidovudine

Chemotherapeutic Agents

psoralens

HYPERPIGMENTATION of the NAILS Due to Chemotherapic Agents

- ✓ Doxorubicin (adriamycin)
- ✓ Cyclophosphamide
- **√**5-FU
- ✓ Busulfan
- ✓ Vincristin

HYPERPIGMENTATION of the NAILS Due to Chemotherapic Agents





Prognosis of Drug-induced Hyperpigmentation

Usually fades completely over months to years after discontinuation of drug, but sometimes persists.

Thank You!