CLINICAL PICTURE

Minocycline-induced hyperpigmentation

An 85-year-old woman presented to the dermatology outpatient department with bluish discoloration on her legs and arms. Non-palpable, non-pruritic blue patches of hyperpigmentation were noted over the lower legs bilaterally (Figure 1). She has been receiving minocycline for bullous pemphigoid for 2 years. The patient was diagnosed with minocycline-induced hyperpigmentation. The antimicrobial medication was stopped immediately. Several medications can cause hyperpigmentation, including minocycline, chloroquine, amiodarone and cyclophosphamide. It is important to recognize minocycline-induced hyperpigmentation early and to consider changing or withdrawing medication. Minocycline-induced hyperpigmentation is classified into four types. Type I is the most common, with blue-black macules commonly occurring on the face with previous inflammation and acne scars. Type II is described as blue-gray pigmentation related to pigmented minocycline metabolites that occurs on the forearms and legs with normal skin. Type III is the least common and is described as diffuse muddy brown macules on sun-exposed skin. Type IV has the same causality as type III, but only occurs on the thorax on pre-existing scars and is not limited to sun-exposed skin. In addition to the skin, minocycline-induced hyperpigmentation can also affect different body parts and organs, including the nails, sclera, teeth, gingivae, oral mucosa, bone and thyroid gland. This patient presented with type II hyperpigmentation because of prolonged minocycline intake. The cutaneous hyperpigmentation can take months to years to fade after minocycline withdrawal.

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Reference