

LETTERS TO THE EDITOR

MINOCYCLINE INDUCED LINGUAL HYPERPIGMENTATION

To the Editor,

A 27-year-old unmarried female patient with severe acne was put on therapy with minocycline 100 mg daily. Within 3 weeks of starting therapy, she developed bluish grey hyperpigmentation on the dorsal aspect of her tongue.

There was no pigmentary change in the buccal mucosa or on the skin and there was no discoloration of the nails. Minocycline was withdrawn when the patient came for check-up at 4 weeks. She was put on alternate treatment regime for acne and followed up at regular intervals of 4 weeks. The lingual pigmentation gradually faded and at 20 weeks was barely perceptible.

Minocycline induced hyper-pigmentation has been described in a variety of forms but is distinctly infrequent. Several hypothesis have been proposed for its pathogenesis. Minocycline is thought to stimulate melanin production by epidermal melanocytes. In addition, an Iron containing compound possibly haemosiderin or an Iron chelate of minocycline, may be deposited within the dermal macrophages.¹

Although, pigmentation has been generally reported after long-term therapy with minocycline,² occasionally it has been noticed as early as 20 days after starting treatment.³ In our patient too, the lingual pigmentation developed about 3 weeks after starting minocycline therapy. Pigmentation caused by minocycline is usually reversible.³ This was also the case with our patient whose lingual

pigmentation was barely perceptible at 20 weeks, following withdrawal of the drug.

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References

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EXFOLIATIVE DERMATITIS DUE TO TOPICAL MERCURY APPLICATION (PARA)

To the Editor,

Exfoliative dermatitis is one of the commonest and chronic conditions. A 53-year-old male presented with mild erythema, oedema and scaling of skin with itching of 6 month duration. There were no specific skin lesions suggestive of any cutaneous condition or malignancy. But patient is known diabetic and had partially removed renal stone by lithoplexy. For renal stones, he was investigated with all radiological and haematological procedures. He was treated with routine drug like topical liquid paraffin, systemic corticosteroid and antihistaminics. There was no relief even after 1 month. Then patient gave history of mercury application by