Capecitabine-induced acral and mucosal hyperpigmentation

Figure 1a: Diffuse hyperpigmentation on palms with accentuation over the creases

Figure 1b: Patchy hyperpigmentation on the dorsum of tongue

A 41-year-old woman, previously operated for ovarian carcinoma and on capecitabine chemotherapy, presented with pigmentation of palms, soles and oral mucosa. Following the first cycle of chemotherapy, she developed hyperpigmentation on palms, soles and oral mucosa which resolved spontaneously (70%–80%) within 8–10 days of cycle completion. Similar complaints surfaced in the present (second) cycle of capecitabine chemotherapy. Diffuse hyperpigmentation and mild thickening of palms and soles, more pronounced at palmar creases [Figure 1a] with patchy pigmentation of tongue [Figure 1b], were seen. There was no associated tingling, numbness or preceding erythema. Naranjo score for adverse drug reaction probability was +9, providing a definite causality.

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Conflicts of interest
There are no conflicts of interest.

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