

Image in Dermatology

Minocycline-Associated Blue Hyperpigmentation: Proposed Pathophysiologic Dynamics

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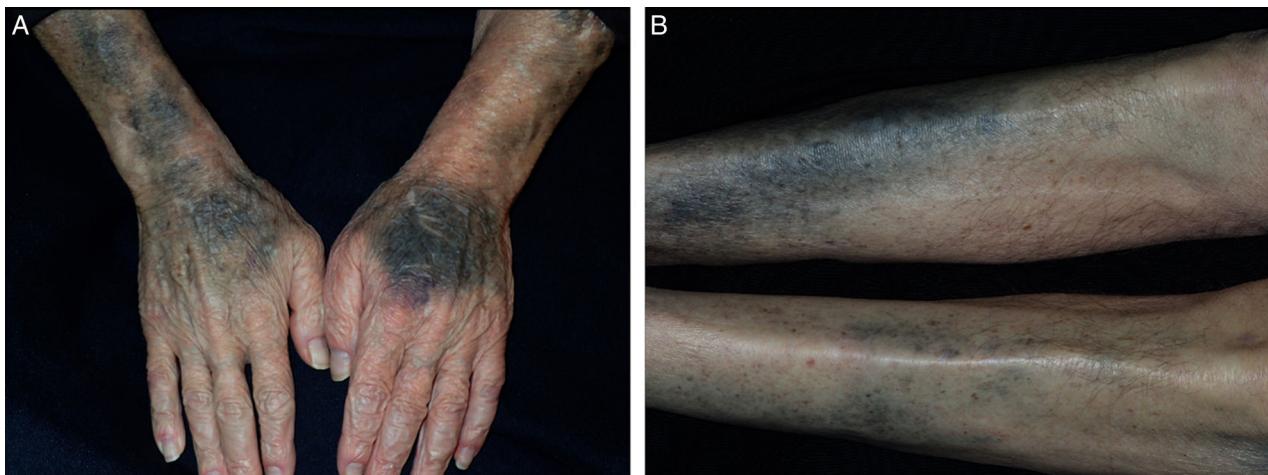


Fig. 1.

Type I and type II minocycline-induced blue hyperpigmentation in a renal transplant recipient on a 6-month course of minocycline 200 mg twice daily for disseminated nocardiosis complicated by multifocal bronchopulmonary pneumonia and cerebral abscesses. Initially, the presence of pigment on the dorsum of both hands raised the suspicion of type I hyperpigmentation, potentially related to residual inflammation from venous access punctures (Fig. 1a). However, in other photo-exposed areas, such as the face and legs, where no prior

inflammation was evident, a skin biopsy revealed the absence of pigmentation in the epidermal basal layer, which eventually led us to exclude type III and consider type II hyperpigmentation (Fig. 1b). This case suggests that the different minocycline-induced pigmentation subtypes are not mutually exclusive and can manifest concurrently. The patient experienced complete clearance of the lesions after minocycline withdrawal, and did not need any additional interventions.

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