

ANSWER TO PHOTO QUIZ (ON PAGE 58)

BLUISH-GREY PIGMENTATION OF FINGERNAILS, GINGIVA,
TEETH AND PERI-ORAL REGION

DIAGNOSIS

The bluish-grey hyperpigmentation was caused by minocycline. Patients undergoing minocycline therapy may develop a blue-grey appearance in sun-exposed areas in addition to pigmentation of the mucous membranes, teeth, nails, bones and thyroid. The diffuse hyperpigmentation results from complexes containing melanin or hemosiderin and minocycline and does not appear to be dose-dependent. The mechanism is still unclear. Hyperpigmentation of the skin and oral mucosa usually resolves within months to years after discontinuation of therapy. The hyperpigmentation is often permanent when other sites (such as adult teeth) are involved. Although minocycline-induced hyperpigmentation is not harmful, the drug should be discontinued when this adverse effect is recognised.¹

This bluish-grey hyperpigmentation is to be distinguished from the skin discoloration that can be seen by treatment with gold, called chrysiasis. In such cases, it is characteristic that initially the peri-orbital region is affected by a mauve appearance that intensifies and deepens into a blue-grey colour, while extending to involve the face, neck and upper limbs. The hyperpigmentation is permanent. It is accentuated in sun-exposed areas and by smoking and caused by deposits of gold in the dermis.^{2,3}

REFERENCES

1. Morrow GL, Abbott RL. Minocycline-induced scleral, dental and dermal pigmentation. *Am J Ophthalmol* 1998;125(3):396-7.
2. Miller ML, Harford RR, Yeager JK, Johnson F. A case of chrysiasis. *Cutis* 1997;59(5):256-8.
3. Smith RW, Leppard B, Barnett NL, Millward-Sadler GH, Mc Crae F, Cawley ML. Chrysiasis revisited: a clinical and pathological study. *Br J Dermatol* 1995;133(5):671-8.