

# Unveiling the Dark Side: A Trip of Drug Induced Hyperpigmentation Cases

Dr. Vyjayanthi

Post Graduate, Akash institute of medical sciences and research

## Abstract:

Drug induced hyperpigmentation is a condition characterized by the darkening of skin due to the administration of certain medications. This phenomenon can affect individuals of all ages and skin types, presenting a significant concern due to its potential impact on a patients's quality of life and psychological well being. Many drugs produces cutaneous pigmentation as adverse side effect on withdrawal. Here, we report 3 cases of drug induced pigmentation caused by hydroxychloroquine, clofazimine and Iron sucrose injection

**Keywords:** Drug induced hyperpigmentation; HCQs; Clofazimine; Iron sucrose.

## INTRODUCTION

Drug induced hyperpigmentation is a condition characterized by the darkening of skin due to the administration of certain medications. This phenomenon can affect individuals of all ages and skin types, presenting a significant concern due to its potential impact on a patients's quality of life and psychological well being. Skin pigmentation is a frequent "drug induced" side effect, which accounts for upto 20% of acquired pigmentation. Understanding the clinical presentation and identifying the causative agent are critical steps in managing drug induced hyperpigmentation. Thus it must be considered in the differential diagnosis of pigmented lesions. Pigmentation appears insidiously or gradually over months to years after starting the drug and usually reverses Here, we report 3 cases of drug induced pigmentation.

## CASE SERIES:-

**CASE 1:-**A woman aged 46y diagnosed as Lepromatous Leprosy with Type 2 Reaction developed reddish to brown pigmentation over face, back, neck since 2 months. Patient was on MB-MDT and Clofazimine 150mg daily for treatment of ENL since 4 months.





**CASE 2:-**A woman aged 42y presented with diffuse hyperpigmentation over face, neck, back, abdomen, oral mucosa, nails since 2 years. Patient was consuming Hydroxychloroquine continuously for 8 years for Systemic Lupus Erythematosus without follow-up to her doctor.



**CASE 3 :-** A young female presented with localised pigmented patch of size 6\*12 cm on the medial aspect of left wrist since 1 year. Patient developed the lesions 1 month after receiving IV Ferrous Sucrose in the left wrist for Iron Deficiency Anemia.



### **DISCUSSION:-**

Many drugs produce cutaneous pigmentation as an adverse side effect. The pathogenesis depends on the etiological drug. The underlying mechanisms of drug-induced hyperpigmentation are diverse and can include direct melanocyte stimulation, deposition of drug metabolites, or drug-induced phototoxic reactions. Pigmentation appears insidiously or gradually over months to years after starting the drug and usually reverses on withdrawal. The common drugs include antimalarials, chemotherapeutic agents, antipsychotics, antibiotics, NSAIDs where HCQs and Clofazimine are known to produce diffuse black to blue and reddish brown pigmentation respectively<sup>1,2</sup> and Iron infusion very rarely causes pigmentation at the injection site.<sup>3</sup>

### **CONCLUSION:-**

Through these case studies, we aim to provide valuable insights into the recognition of this condition, emphasizing the importance of a thorough medical history in patient care. We also aim to highlight the different types of pigmentation caused by 3 different drugs.

### **REFERENCES:-**

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