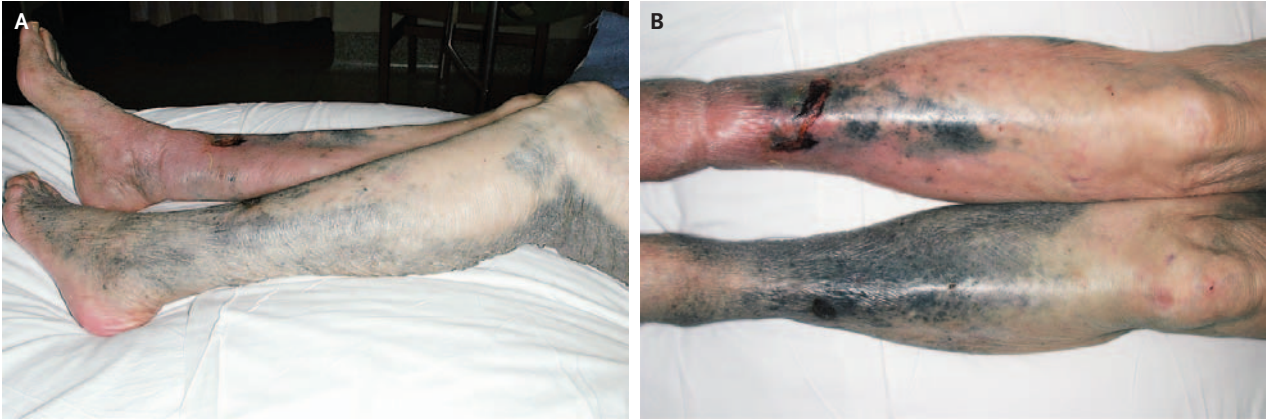


IMAGES IN CLINICAL MEDICINE

## Minocycline-Induced Hyperpigmentation



**A**N 89-YEAR-OLD WOMAN PRESENTED WITH A NONHEALING ULCER ON her right leg. She was taking 100 mg of minocycline orally twice a day as suppressive therapy for a corynebacterium infection that had occurred after orthopedic fixation of an intertrochanteric hip fracture 28 months earlier. Her physical examination was notable for a nonpalpable, nonpruritic hyperpigmentation of her legs (Panels A and B) and arms. Minocycline-induced hyperpigmentation was diagnosed, and the antimicrobial therapy was changed to cefadroxil. Several medications can cause hyperpigmentation, including minocycline, amiodarone, zidovudine, and bleomycin. Minocycline-induced hyperpigmentation can be severely disfiguring and is more likely to occur in certain populations of patients (e.g., those with pemphigus, pemphigoid, or atopic dermatitis). It is important to recognize this condition early and offer an alternative treatment, since symptoms can take months to years to resolve once the drug is withdrawn. There are four types of minocycline-induced cutaneous hyperpigmentation. Type I occurs on the face within inflammatory tissue, type II occurs on the arms and legs in a circumscribed distribution, type III appears diffusely muddy-brown on sun-exposed skin, and type IV occurs on the thorax within scar tissue. In this patient, there was no change in the rash after 2 months of cefadroxil therapy, and minocycline therapy was resumed, at her request.

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Adrian N. Holm, M.D.  
Wayne K. Nelson, M.D.

Mayo Clinic  
Rochester, MN  
holm.adrian@mayo.edu