



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

## SKIN PIGMENTATION DUE TO INDAPAMIDE: A NEW CASE

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**Background:** Skin pigmentation due to drugs is quite common and accounts for 10 to 20% of all cases of acquired hyperpigmentation. We describe a new case of patient who developed skin hyperpigmentation while being treated with INDAPAMIDE.

**Observation:** A 68-year-old woman, with high blood pressure, was started on INDAPAMIDE in APRIL 2014. A few months after, she had noticed hyperpigmentation and pruritus on sun-exposed areas. Pigmented lesions became evident on her skin, and she came to us in May 2018 with pigmented patches on her face, dorsal surface of her legs, and dorsal surface of her forearms. Laboratory testing revealed no abnormalities. The histopathological analysis of a skin biopsy specimen revealed prominent pigmentary incontinence. Photo distributed hyperpigmentation caused by antihypertensive treatment was suspected. Pharmacovigilance has been requested, and this observation considered plausible, has been recorded. Photoprotection along with replacement of INDAPAMIDE with SPIRONOLACTONE was advised. The change of INDAPAMIDE resulted in a gradual fading of her cutaneous hyperpigmentation after 4 months follow up.

**Key message:** Drug-induced cutaneous pigmentation, in particular with antihypertensive medications must be considered in unexplained pigmented lesions, especially in the elderly. According to recent FDA report: 11,079 people who have side effects while taking Indapamide, 3 of them developed skin hyperpigmentation. We report a new case. Clinical features are variable, with a large range of patterns, colors, and distributions. Cessation of the suspicious drug typically results in a gradual fading of the rash, although in some cases it never completely resolves.

