



PIGMENTATION

TAMOXIFEN-INDUCED MELASMA IN A VITILIGO PATIENT

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Background: Melasma is a common hypermelanotic condition occurring on the face, however its appearance on vitiligo patients is rarely reported. We report a case of a vitiligo patient who exhibited repigmentation and melasma after intake of tamoxifen.

Observation: A 47-year-old, surgically menopausal female with known vitiligo, presented with a 3-month history of irregular brown patches on both cheeks. Patient had stable vitiligo affecting trunk, extremities, and 50% of the face. In February 2014, she was diagnosed with invasive ductal carcinoma of the left breast. Subsequently, she underwent radical mastectomy of the left breast, and 4 cycles of doxorubicin and cyclophosphamide intravenous chemotherapy. During the first cycle, she noted progression of vitiligo on the face and alopecia of scalp and eyebrow. After the fourth cycle, her face was completely depigmented. No depigmentation was observed on other parts of the body. In July 2014, she was commenced on oral tamoxifen, a selective estrogen receptor modulator. After 5 days, brown macules appeared on lower lids, spreading to cheeks and forehead. Repigmentation of both old and new facial vitiligo patches progressed with continued treatment. After three months of tamoxifen, darker symmetric irregular brown patches on the now repigmented cheeks were noted. Dermoscopy of the cheeks revealed reticular pattern of brown pigmentation with follicular sparing. Clinical and dermoscopy findings were consistent with melasma. No such findings were observed in other newly repigmented areas of the skin. In the absence of known causative factors, tamoxifen intake was considered to be the cause of her melasma.

Key Message: Tamoxifen may act as an estrogen agonist on the skin and can possibly trigger melasma. Its role in repigmentation in vitiligo patients may be explored.

