Anatol J Cardiol 2019; 21: E-10-2 E-page Original Images E-11

Reference

 Aisenberg G, Rolston K, Safdar A. Bacteremia caused by Achromobacter and Alcaligenes species in 46 patients with cancer (1989-2003). Cancer 2004: 101: 2134-40.

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Amiodarone-related blue-gray skin discoloration

A 55-year-old male patient had experienced an anterior wall myocardial infarction 7 years ago. Amiodarone was initiated in



Figure 1. Blue–gray discoloration appeared on the face, particularly on the nose, forehead, and cheeks



Figure 2. The blue-gray discoloration disappeared

order to prevent monomorphic ventricular tachycardia; since then, the patient was using amiodarone. The patient noticed gradually increasing blue-gray discoloration on the skin for 5 months, particularly on the nose, forehead, and cheeks (Fig. 1). A cardiologist, a dermatologist, and an internal medicine physician examined the patient for skin discoloration. Besides the skin discoloration, physical examination and laboratory results were normal. We noticed that the blue-gray discoloration increased under sunlight. Holter-electrocardiography was performed for 72 hours to check for cardiac arrhythmia, but no arrhythmia was observed. We stopped the use of amiodarone and optimized the dosage of metaprolol. The patient used sun protection (sunscreen creams, clothing, and hats) to decrease skin discoloration on his face. The blue-gray discoloration disappeared at the last examination after 8 months of appearance (Fig. 2).

Amiodarone is used for both ventricular and atrial arrhythmia. Amiodarone is known to cause cutaneous and systemic side effects. The most common cutaneous side effect is photosensitivity. Blue—gray discoloration occurs on body areas when exposed to sunlight. The disappearance of amiodarone-related skin discoloration may occur within months or years. Hyperpigmentation might be permanent despite the cessation of treatment with amiodarone. Apart from the cessation of treatment, avoiding exposure to sunlight and using a sunscreen cream

E-12 E-page Original Images Anatol J Cardiol 2019; 21: E-10-2

against both ultraviolet-A (UV-A) and UV-B radiation is recommended. Detailed medical history and physical examination are essential to diagnose the skin discoloration. Clinicians should inform the patients about the possible side effects of amiodarone.

 $\label{lem:lnformed consent: A written informed consent was obtained from the patient. \\$

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