Nail Pigmentation due to Roxithromycin

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Key Words

Nail pigmentation
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Roxithromycin, the first of a new generation of macrolides, has an antibacterial spectrum similar to that of erythromycin for typical and atypical acute community-acquired infections. However, it has improved pharmacokinetics with proven efficacy, and better tolerance and compliance. The drug has been frequently used in infections of the upper and lower respiratory tract, ear, teeth,

skin and soft tissue and genitourinary system [1–5]. The major adverse effects include nausea, abdominal pain and diarrhea. These are however, reduced in intensity and frequency as compared to other macrolides. Other side effects which may occasionally be seen are dyspepsia, flatulence, constipation, dizziness, pruritus, urticaria and skin rashes [4, 5]. We report a patient who developed nail pigmentation following roxithromycin. A 23-year-old male presented with pigmentation of finger nails of 2 months duration. The patient revealed that he had an episode of upper respiratory tract infection (URTI) 3 months before, for which roxithromycin, tablet 150 mg twice daily, was prescribed. He initially responded but as symptoms persisted, he continued the drug for another 2 weeks. On stopping the drug, he noticed a slight brownish discoloration of both thumb nails. He had a further episode of URTI for which he again took roxithromycin for 2 weeks. At that time, he noticed further darkening of pigmentation over both thumb

nails; in addition he also noted fresh pigmentation over other fingernails. The patient denied any history of other systemic or local medications in the recent past. General and physical examinations were otherwise normal. Examination of the nails revealed a light to dark brown pigmentation affecting all the ten finger nails, the toe nails were spared. The pigmentation was diffuse and much more pronounced on the thumb nails. The nail plates and nail folds were normal. There was no pigmentation (localized or diffuse) over the rest of the body. A potassium hydroxide (KOH) preparation from the nails did not reveal any fungus on smear, and culture was negative for fungus or bacteria. The patient was advised not to take roxithromycin in the future.

Follow-up of the patient at 3 months revealed pigment lightening while at 6 months nail pigmentation had disappeared totally.

A close temporal link between onset and aggravation of the nail pigmentation and administration of roxithromycin suggests that the pigmentation was due to roxithromycin, which is further corroborated by complete

disappearance of pigmentation on stopping the drug over next 6 months. A detailed history and examination reasonably ruled out systemic and local diseases and other factors producing nail pigmentation [6]. To the best of our knowledge nail pigmentation due to roxithromycin has not been mentioned in the literature so far.

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Olaquinox-Induced Persistent Light Reaction Treated by Escherichia coli Filtrate (Colibiogene®)

Key Words

Olaquinox · Persistent light reaction · Colibiogene

Olaquinox is an antibiotic substance widely used as a food additive in piglet feeding. We describe a patient showing a persistent light reaction caused by olaquinox, successfully treated with an Escherichia coli filtrate (Colibiogene®).

A 63-year-old farmer had suffered from eczema on light-exposed areas for 3 years. His work consisted in cheese production and piglet farming, using so-called 'medicated food'.

Patch tests with Trolab allergens (Hermal Kurt Herrmann) were performed according to the recommendations of the International Contact Dermatitis Research Group, testing standard series, antimicrobials and preserva-

tives, vehicles and emulsifiers, medicaments and piglet food components, including olaquinox.

There was a positive reaction to the ola-quinox-containing food and olaquinox itself, aggravated by UV exposure in the photo patch test. There was also a diminished UV tolerance especially to UVA with erythema even at the lowest dose of 1.5 J/nr, consistent with the diagnosis of a persistent light reac-

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