CLINICAL SNAPSHOT

Oxygen-Resistant “Cyanosis” After Sun Exposure

Note efflorescence in sun-exposed areas such as the forehead, nose, and cheeks; skin folds (see eyelids) are spared.

A 63-year-old man (1.75 m, 98 kg) was taken to the hospital by the emergency medical services because of acute dyspnea and the clinical picture of severe cyanosis. He had returned the previous day by airplane from a holiday in the sun in the Canary Islands. The pre-hospital suspected diagnosis of pulmonary embolism was not confirmed. The patient was found to have left-heart decompensation in the setting of a hypertensive crisis. He had taken amiodarone (200 mg/day) for five years because of a recurrent tachyarrhythmia. His ostensible cyanosis despite adequate oxygen saturation had come about as a phototoxic hyperpigmenting effect of amiodarone. This effect is due to lysosomal storage of lipids and amiodarone metabolites in dermal histiocytes. Efflorescence arises in dose-dependent fashion, with a long latency after the patient starts taking the drug, in light-exposed areas such as the forehead, nose, and cheeks. Skin folds (e.g. in the eyelids) are spared. Transient erythema is frequent, arising in as many as 10% of patients taking amiodarone. The full picture of the disorder has been very rarely described. Slate-gray hyperpigmentation can persist for years after amiodarone has been discontinued and can be reactivated by renewed sunlight exposure, as in the present case. The treatment consists of permanent avoidance of amiodarone and protection from sunlight exposure.

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