Acral Hyperpigmentation Resulting from Hydroxyurea Therapy in Primary Myelofibrosis

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A 77-year-old Asian man with congenital lymphedema had been diagnosed with JAK2-V617F mutation positive primary myelofibrosis for 2 years. After diagnosis, he was treated with hydroxyurea 500 mg/day. The patient has developed palmoplantar hyperpigmentation after receiving 22 months of hydroxyurea therapy (Fig. 1).

Hydroxyurea is a well-tolerated drug but can cause mucocutaneous side effects including hyperpigmentation of the skin, nails, and mucous membrane; and ulcer of the legs. The hyperpigmentation has been reported to occur between 2 weeks and 2 years [1, 2]. It is usually persistent for several months and seldom permanent after discontinuation of medication [2].

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Fig. 1 Appearance of the acral skin and nails hyperpigmentation

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval This article does not contain any studies with human participants performed by any of the authors.

Informed Consent Informed consent was obtained from the patient included in the case.

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