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Minocycline-Induced Hyperpigmentation Involving the Oral Mucosa After Short-term Minocycline Use

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Practice Points

- There are 4 types of minocycline-induced hyperpigmentation that vary by clinical presentation, resolution, and light and electron microscopy features.
- Awareness and early detection are important because resolution may occur months to years after termination of treatment.

Minocycline is a semisynthetic broad-spectrum tetracycline used for its bacteriostatic and anti-inflammatory properties in the treatment of moderate to severe acne vulgaris. Minocycline-induced hyperpigmentation (MIH) is a well-recognized phenomenon documented to involve a wide array of anatomic locations including the skin and nails, the sclera and conjunctiva, the oral cavity, and the skeleton and cartilage, as well as within viscera and body fluids. Oral involvement typically includes the hard tissues (eg, alveolar bone, roots, crowns of teeth). We present a case of MIH of the labial, gingival, and lingual oral mucosa after only 2 weeks of treatment. Our case is unique because of the short course of minocycline treatment.

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Minocycline-induced hyperpigmentation (MIH) has been documented in a wide array of anatomic locations including the skin and nails, the sclera and conjunctiva, the oral cavity, and the skeleton and cartilage, as well as within viscera and body fluids.¹ We present the case of a patient who developed gingival, labial, lingual, and scar-localized MIH after a 2-week treatment (100 mg orally twice



Minocycline-induced hyperpigmentation of the oral mucosa involving the gingiva (A), lower lip (B), and tongue (C).

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The authors report no conflict of interest.
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