Acquired generalized ichthyosis in chronic myeloid leukaemia

A 55-year-old woman, diagnosed to have chronic myeloid leukaemia (CML), was being treated with hydroxyurea 1500–2500 mg/day for the past 6 years, as she could not afford imatinib. She had noticed skin darkening, thickening, dryness and scaling, blackish discoloration of nails and had persistent skin itching for the past 3 years. She also had progressive fatigue and abdominal discomfort for 6 months. Examination revealed alopecia, conjunctival pallor, generalized cutaneous and oral mucosal hyperpigmentation (Fig. A), generalized ichthyosis (Fig. B), longitudinal melanonychia of fingernails (Fig. C), thickening and blackish discoloration of the toenails (Fig. D) and hepatosplenomegaly. Haematological work-up revealed blastic-phase CML. Biochemical tests, including thyroid function and human immunodeficiency virus serology were unremarkable. Acquired ichthyosis is an uncommon cutaneous adverse effect of hydroxyurea, apart from well-known mucocutaneous hyperpigmentation, alopecia and melanonychia. Rarely, acquired ichthyosis has been reported with progressive CML. Hydroxyurea was stopped and imatinib started, along with topical emollients, salicylic acid and skin moisturizers for ichthyosis.

REFERENCES


Kolar Vishwanath Vinod, Shailendraprasad Verma
Department of General Medicine and Clinical Haematology
Jawaharlal Institute of Postgraduate Medical Education and Research
Dhanvantri Nagar
Puducherry
India
drkvv@rediffmail.com