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Clinical Image

Bluish-Grey Discoloration of Gingiva and Lips Due to Chronic Anti-Convulsant Use

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1. Clinical Image

A 27-year-old female who was a known case of epilepsy presented to our emergency with one episode of generalised tonic-clonic seizure. She was being managed on phenytoin for 5 years and valproate had been added 2 years back from a private clinic. She had missed her doses for two days due to travel and presented with a breakthrough seizure. On examination, her lips and gums were having bluish-gray pigmentation as shown in figure 1A and 1B. She was loaded with levetiracetam and observed for 48 hours. She was discharged with advice to follow in neurology and dermatology OPD.

Hyperpigmentation is defined as the darkening of the skin's natural color, usually due to an increase in melanin deposition (hypermelanosis) in the epidermis or dermis, an increase in chromophores of nonmelanic origin (hyperchromia), or to dermal deposition of endogenous or exogenous pigments such as hemosiderin, iron or heavy metals[1]. Drugs of several classes are associated with skin or mucous membrane pigmentation and include non-steroidal anti-inflamatory drugs, antimalarials, amiodarone, antineoplasic agents, tetracyclines, heavy metals, clofazimine, oral contraceptives, psycotropic drugs, anticonvulsants such as hydantoin, valproate, phenytoin and barbiturates [2]. Oral pigmentation caused by drugs occurs equally in all races and without differences in sex. The papillary gums are the most frequently affected, followed by the marginal gingiva and the buccal mucosa [1].

Figure 1: Bluish-grey discoloration due to pigmentation of the lips and gums in a young female.

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