

Pigmented contact dermatitis from topical minoxidil 5%

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Case Report

A 57-year-old man, born in Yemen, was treated with topical minoxidil 5% (Regaine Forte®) for androgenetic alopecia for 2 years. Towards the end of the 2nd year, hyperpigmentation was noted on his waist and neck, which was not accompanied by itching or redness.

Patch tests with the European standard series and with a textile dye and finishes series (all from Chemo-technique Diagnostics, Malmö, Sweden) were negative. Patch test with topical minoxidil 5% was positive at D3 and D7. Histological study of biopsy specimens from the

hyperpigmented macules on the nape was consistent with postinflammatory hyperpigmentation.

The patient was instructed to stop topical minoxidil treatment. However 10 months later, there was no improvement in the hyperpigmentation.

Discussion

Pigmented contact dermatitis may be caused by fragrances, cosmetics, washing powders, azo dyes in textiles, and rubber products in certain patients. Our earlier study (1) on screening patch tests for pigmented contact dermatitis in Israel showed that the European standard series and the Scandinavian photo series had the highest yields. However, the Scandinavian photo series was not used in the present patient because the hyperpigmentation was not in photo-distributed areas.

Minoxidil is a potent vasodilator used in the treatment of severe hypertension. One major side-effect is hypertrichosis, which occurs in nearly all patients who take the oral drug for more than 4 weeks. This finding prompted several controlled studies on the application of topical minoxidil in the treatment of male-pattern baldness, with good results (2, 3). Only a few adverse effects have been reported, namely, localized skin reaction (e.g. irritation, pruritus, burn-

ing, allergic contact dermatitis) (2, 3), systemic reaction (e.g. headaches (3), non-cardiac substernal chest pain (2, 3), dizziness and weakness, taste alteration (2), impotence (2), and smoking intolerance (4)). To the best of our knowledge, this is the first report of pigmented contact dermatitis as a side-effect of topical minoxidil.

References

1. Trattner A, Hodak A, David M. Screening patch tests for pigmented contact dermatitis in Israel. *Contact Dermatitis* 1999; 40: 155–157.
2. Kreindles T G. Topical minoxidil in early androgenetic alopecia. *J Am Acad Dermatol* 1987; 16: 718–724.
3. Katz H I, Hien N T, Prawer S E, Goldman S Y. Long-term efficacy of topical minoxidil in male pattern baldness. *J Am Acad Dermatol* 1987; 16: 711–718.
4. Trattner A, Ingber A. Topical treatment with minoxidil 2% and smoking intolerance. *Ann Pharmacother* 1992; 26: 198–199.

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