

**Response to: “Dermatologic manifestations of hydroxychloroquine therapy: A closer look at the nails”**



*To the Editor:* We thank Drs Shari Lipner and Richard Scher<sup>1</sup> for their interest in our study on the adverse dermatologic effects of hydroxychloroquine, particularly the cases involving nails.<sup>2</sup> Of all of the hydroxychloroquine-associated adverse events, nail changes were seen most seldom.

In Sifuentes Giraldo et al,<sup>3</sup> blue-grey hyperpigmentation developed in a 48-year-old woman with systemic lupus erythematosus 12 months after starting hydroxychloroquine at 200 mg/d. Alternative diagnoses are very well possible, including ethnic-type pigmentation due to melanocytic activation. Because the melanonychia was noted in conjunction with blue-grey hyperpigmentation of the skin after hydroxychloroquine use, hydroxychloroquine-induced melanonychia cannot be ruled out.

In Zhang et al,<sup>4</sup> a 55-year-old woman with systemic lupus erythematosus presented with longitudinal melanonychia of all 10 fingernails after 38 months of hydroxychloroquine treatment. This diffuse presentation of all fingernails can be associated to hydroxychloroquine given the exclusion of other causes, dermoscopic evaluation, and development months after hydroxychloroquine initiation.

In Bahloul et al,<sup>5</sup> a cross-sectional study of 41 patients treated with hydroxychloroquine, only 1 case of melanonychia was reported. The authors mention that they did not believe the cause was hydroxychloroquine; however, no patient history or photographs were provided in support. This presented an ambiguous situation for inclusion in our review, yet given the lack of patient details and our intent to rigorously report cutaneous adverse effects in the setting of hydroxychloroquine use, we included this case.

We agree that further studies are needed to clarify the prevalence and characteristics of hydroxychloroquine-induced nail changes and

whether the changes are causative or associative. We encourage the *JAAD* readership to submit their cases of suspected hydroxychloroquine-induced nail changes to help answer this evolving question.

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**REFERENCES**

1. Lipner SR, Scher RK. Dermatologic manifestations of hydroxychloroquine therapy: a closer look at the nails. *2020*;83(4):e291-e292.
2. Sharma AN, Mesinkovska NA, Paravar T. Characterizing the adverse dermatologic effects of hydroxychloroquine: a systematic review. *J Am Acad Dermatol.* 2020;83(2):563-578.
3. Sifuentes Giraldo WA, Grandal Platero M, de la Puente Bujidos C, Gamir Gamir ML. Generalized skin hyperpigmentation and longitudinal melanonychia secondary to treatment with hydroxychloroquine in systemic lupus erythematosus. *Reumatol Clin.* 2013;9:381-382.
4. Zhang S, Liu X, Cai L, Zhang J, Zhou C. Longitudinal melanonychia and subungual hemorrhage in a patient with systemic lupus erythematosus treated with hydroxychloroquine. *Lupus.* 2019;28:129-132.
5. Bahloul E, Jallouli M, Garbaa S, et al. Hydroxychloroquine-induced hyperpigmentation in systemic diseases: prevalence, clinical features and risk factors: a cross-sectional study of 41 cases. *Lupus.* 2017;26:1304-1308.

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