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Hard palate hyperpigmentation: long-term outcomes of imatinib

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Sección: Imágenes en Dermatología**Hard palate hyperpigmentation: long-term outcomes of imatinib***Hiperpigmentación del paladar duro: el resultado del uso de imatinib a largo plazo*

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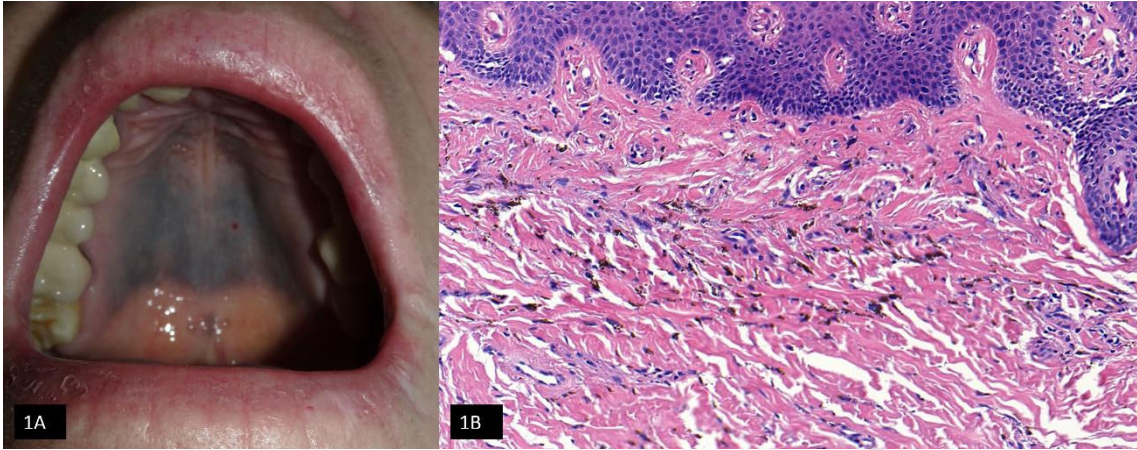
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A 71-year-old Caucasian woman was referred to us with signs of diffuse, solitary, dark blue-greyish pigmented area on the hard palate (figure 1a). The patient's past medical history revealed a GI stromal tumor of the vagina treated for 15 years with imatinib mesylate. She did not show any other cutaneous or mucosal lesions. The histopathological examination revealed the deposition of fine, brown granules inside melanophages and between collagen fibers in the lamina propria. The epithelium was unremarkable. No melanocytic lesion was observed (figure 1b). Therefore, diagnosis of imatinib-related mucosal pigmentation was established. Hyperpigmented oral and perioral lesions are challenging diagnoses that can range from benign conditions such as drug-associated pigmentation, smoker melanosis, melanotic macule or melanocytic nevus to malignant conditions such as oral malignant melanoma. Imatinib-related oral pigmentation is a drug reaction associated with long-term exposure to the drug (5 to 6 years; range, 3 months up to 13 years) that distinctively involves the hard palate, showing a symmetrical, diffuse, blue-grayish macular pigmentation. Microscopically, the oral pigmentation is representative of melanin and/or hemosiderin deposits inside the lamina propria. Increased basal pigmentation or melanocytic hyperplasia are not common findings. Since this an underreported phenomenon, knowing its clinical presentation is important to achieve the correct diagnosis.

Conflicts of interest: none declared.



Figure

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