

## SPOT DIAGNOSIS

### Answers:

Hariharan Regunath MD - *Internal medicine, University of Missouri, Columbia, MO.*

Linda A Headrick MD - *Professor, Internal Medicine, University of Missouri, Columbia, MO*

1. Minocycline induced slate gray hyperpigmentation of skin and nail bed. This patient was prescribed minocycline 100 mg twice daily for acne vulgaris and she was taking them for many years. Reported incidence ranges from 2%-15% in those consuming it and three types of minocycline related hyper-pigmentation have been described in literature. Type I (most common) is characterized by blue black macules in areas of scarring/inflammation, type II consists of well circumscribed blue-grey pigmentation in previously normal skin commonly shins and forearm and type III (least common) with diffuse muddy brown pigmentation of the skin. Biopsy studies suggest that the pigment consisted of insoluble complexes of minocycline or a derivative chelated with iron with possible siderosis as the underlying pathology. Types II and III appear to be dose and duration related and treatment is to stop minocycline. But it is very uncommon for the discoloration to disappear. In this patient even after stopping minocycline for 6 months skin and nail discoloration persisted.

Chockalingam Siva MD – *Professor, Division of Rheumatology and Immunology, University of Missouri, Columbia, MO.*

- 2) Acute gout. The aspirate shows characteristic tophaceous material and microscopy reveals needle shaped negatively birefringent uric acid crystals.

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## ID Corner

William Salzer MD

*Professor, Division of Infectious Diseases, University of Missouri, Columbia, MO.*

### Management of prosthetic joint infections :

The IDSA has published it's long awaited guidelines for the management of prosthetic joint infections.

Osman DR et al. Diagnosis and management of prosthetic joint infection: Clinical practice guidelines by the Infectious Disease Society of America. Clin Infect Dis 2013;56:e1-25. Available at [idsociety.org](http://idsociety.org), of this link-

[http://www.idsociety.org/uploadedFiles/IDSA/Guidelines-Patient\\_Care/PDF\\_Library/IDSA%20PJI%20Guideline%20CID%2012%202012.pdf](http://www.idsociety.org/uploadedFiles/IDSA/Guidelines-Patient_Care/PDF_Library/IDSA%20PJI%20Guideline%20CID%2012%202012.pdf)

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