

Clinical Image*Open Access, Volume 5***Inadvertent use of topical clobetasol leads to skin hypopigmentation: A clinical image****Priyanka Giri^{1*}; Ajit Kumar Pradhan²; Prasanta Kumar Sahoo³; Santosh Kumar Sahu²**¹Ayurvedic Medical Officer, Government Ayurvedic Hospital, Bhubaneswar, India.²Department of AYUSH, All India Institute of Medical Sciences, Bhubaneswar, India.³Department of AYUSH, Senior Medical Officer and H.O.D, All India Institute of Medical Sciences, Bhubaneswar, India.***Corresponding Author: Priyanka Giri**

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Keywords: Clobetasol; Topical steroids; Nummular dermatitis; Hypopigmentation.**Description**

An 18-year-old male presented to our outpatient department with a complaint of hypopigmented skin lesions with well-defined margins and peripheral inflammatory skin at the volar surface of the bilateral wrist and fingers symmetrically without peripheral skin inflammation for one month (Figures 1 and 2). Before three months, he suffered from multiple coin-shaped lesions with severe itching at the volar surface of the bilateral wrist; he consulted a dermatology clinic, was diagnosed with nummular dermatitis, and continued tablet levocetirizine 5mg once daily in the evening for one month and applied topical clobetasol propionate cream 0.05% upto two months. After two months of continued medicine, he is facing the present situa-

tion. He revisited the same dermatology clinic and stopped the topical clobetasol application. He came to our outpatient department for consultation. He has no history of diabetes, hypertension, hypo or hyperthyroidism, or autoimmune diseases. He is a student, non-alcoholic, and non-smoker, and has no family history.

Clobetasol is a class I superpotent topical corticosteroid that alleviates the inflammation and pruritus in nummular dermatitis [1]. United States Food and Drug Administration (USFDA) restricted the use of clobetasol to not more than two weeks [2]. Prolonged use may cause skin atrophy, photosensitivity, steroid acne, hypopigmentation, and Cushing-like syndrome [3].



Figure 1: Hypopigmented skin lesions with well-defined margins and peripheral inflammatory skin at the volar surface of the bilateral wrist.



Figure 2: Hypopigmented skin lesions with well-defined margins without peripheral skin inflammation on fingers symmetrically.

Declarations

Ethical approval: Written consent was obtained from the patient.

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Conflict of interest: Nil.

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