Carotenoderma caused by eating habits in the month of Ramadan

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Sir,

A thirty-year-old male with no previous pathological history presented with an orange, well-limited, homogeneous coloration of the left palm that began three days before his consultation (Fig. 1a). Dermoscopy revealed a homogeneous, orange pigmentation (Fig. 1b). The rest of the skin and mucous membranes were normally colored. He had no history of eating disorders or abdominal symptoms or changes in urine color. However, the patient reported regular and excessive intake of orange and tomato juice during the month of Ramadan without any notion of ingesting energy drinks. He was advised to reduce the amount of orange and tomato juice. The discoloration faded several days later.

Carotenemia is a well-known condition characterized by yellowish-orange discoloration of the skin and elevated serum b-carotene [1]. Carotenoids are a large group of naturally occurring pigments, which give fruits and plants their bright yellow, orange, and red hues. More than six hundred carotenoids have been identified, yet the major ones detected in human blood are b-carotene, a-carotene, lutein, b-cryptoxanthin, zeaxanthin [2], and lycopene. The majority of published cases of carotenemia are caused by excessive dietary intake of carotenoid-rich foods, such as carrots, mango, dried seaweed, tomatoes, pumpkin, spinach, yellow corn, butter, eggs, and yellow turnips. Rarely, carotenemia has been associated with systemic diseases, including diabetes mellitus, hypothyroidism, nephrotic syndrome, glomerulonephritis, and primary liver disease [3]. Discoloration is clinically evident once serum carotene levels are three to four times the

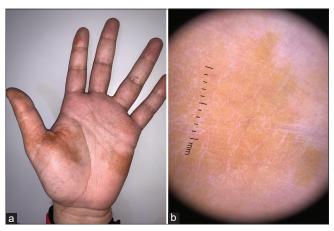


Figure 1: (a)Yellow discoloration of the left palm. (b) Dermoscopy showing a homogenous, orange discoloration of the left palm.

normal [4]. It predominates on the palms and soles due to the thickness of the stratum corneum, as well as on areas rich in sebaceous glands such as the nasolabial folds. However, palmoplantar involvement may be isolated in localized forms. The mucous membranes are always respected [5]. The elimination of the offending food leads to the normalization of the skin color in two to six weeks.

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

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