Rotigotine-induced nail dyschromia in a patient with Parkinson disease

Figure 1 Nail dyschromia, with green nail discoloration, during treatment with rotigotine patch

Figure 2 Nail dyschromia disappeared 2 months after rotigotine withdrawal

An 80-year-old man with a 15-year history of Parkinson disease, experiencing complications of levodopa therapy (wearing-off phenomenon and peak-dose dyskinesias), was initiated on rotigotine patch (2 mg, titrated up to 6 mg/day). While this drug brought significant motor improvement, bilateral nail dyschromia (ND) with green nail discoloration was noticed (figure 1) within days after the change in therapeutic regimen. Two months after rotigotine withdrawal, ND completely disappeared (figure 2). Rotigotine is a nonergot dopamine agonist administered via transdermal patch technology.¹ Drug-induced nail abnormalities, particularly ND, are well-known complications related to several drugs, including cancer chemotherapies, retinoids, tetracycline, and minocycline.²

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