

Case Report: Two Blue Chromhidrosis Patients in Emergency Room

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Abstract:- Chromhidrosis is a rare condition that occurs in the form of colored sweating. An increasing number of lipofuscin pigments is believed to cause apocrine chromhidrosis in the apocrine cells. Patients with chromhidrosis often refer to a physician because of black, brown, blue, green or yellow spots on the clothes. A 62-year-old male patient was admitted to the emergency room with the symptoms of blue-colored sweating, which lasted for about two months. This patient's wife, 55-year-old female patient admitted to the emergency room together with her husband due to the symptoms of blue sweating, which continued without remission for the last two months. Both patients stated that their underwear had been dyed blue because of their blue sweats for the past two months. Our cases are interesting in terms of being partners, aged 55-62, with symptoms started and continued at similar times. The patients were discharged from the emergency room, and no further tests were performed for its etiology, due to their good overall condition, stable vital signs, no known illness or history of drug use, and no symptoms except for having blue sweats for two months. Patients with chromhidrosis can also admit to the emergency room with blue sweating symptoms. Patients with good overall condition and no immediate symptoms should be referred to dermatology outpatient clinics.

Keywords:- Emergency service, Chromhidrosis, Sweating.

I. INTRODUCTION

Chromhidrosis is a rare condition that occurs in the form of colored sweating. It is largely apocrine in origin.¹ An increasing number of lipofuscin pigments is believed to cause apocrine chromhidrosis in the apocrine cells.¹ Although it occurs especially after puberty, it can also be seen in children.² Pseudochromhidrosis can also be seen when the produced colorless sweat contacts with bacteria, chemicals or dyes, and changes its color after the secretion.³ In addition, chromhidrosis may also occur as a result of sweat secretion of substances such as copper from eccrine glands.⁴ Patients with chromhidrosis often refer to a physician because of black, brown, blue, green or yellow spots on the clothes.

While information on the treatment of apocrine chromhidrosis is very limited, there are suggestions for the use of 0.025% topical capsaicin for initial treatment.⁵ Patients with an underlying provoking cause may have their complaints reduced when they move away from the active substance.³

Case 1

A 62-year-old male patient was admitted to the emergency room with the symptoms of blue-colored sweating, which lasted for about two months. The patient's general condition was good, he was conscious, with full orientation and co-operation. Blood pressure was 120/70 mmHg, pulse was 82, respiration was 18, and SpO₂ was 99, measured from the tip of the finger. The examination showed no pathological findings in the patient. He didn't sweat during the examination in the emergency room. He had no known history of illness and no medication he was taking. He had no history of smoking or alcohol consumption.

Case 2

The above patient's wife, 55-year-old female patient admitted to the emergency room together with her husband due to the symptoms of blue sweating, which continued without remission for the last two months. Her overall condition was good, her vitals were normal. Her examination showed no pathological findings. She had no history of illness or medication. She was not smoking or consuming alcohol. Her history revealed that she had been admitted to internal medicine four months ago and hospitalized for two days due to nausea, vomiting and blue urination, which started after eating bulghur food, which had been kept in a copper bowl, and that she had been discharged without any pathology in her examinations and analysis.

Both patients stated that their underwear had been dyed blue because of their blue sweats for the past two months.

The towel that the male patient wiped his face at home to show his blue perspiration is shown in Figure 1.



Fig 1:- The blue towel

The patient was discharged from the emergency room after seeing that there was no immediate pathology that could explain the condition in the patient's full blood count, biochemical parameters and complete urinalysis performed in the emergency room.

II. DISCUSSION

Admission of a patient to the emergency room for a chronic condition, such as blue sweat lasting for about two months, is common. The number of cases related to chromhidrosis in the literature is very limited, and often these studies have been submitted by dermatology physicians. The fact that such a rare case is referred to the emergency room can be surprising and interesting for emergency physicians.

In cases in the literature, it has been reported that apocrine chromhidrosis is seen after puberty and decreases with advancing age.² Our cases are interesting in terms of being partners, aged 55-62, with symptoms started and continued at similar times. The patients were discharged from the emergency room, and no further tests were performed for its etiology, due to their good overall condition, stable vital signs, no known illness or history of drug use, and no symptoms except for having blue sweats for two months. However, Erdol S, et al. reported that copper excretion through sweat changes the color of sweat, and colored sweating was also seen in those who drink natural spring water.⁴ The fact that the female patient had been hospitalized 4 months ago with a preliminary diagnosis of copper poisoning, presenting with blue urination, nausea, and vomiting after eating a meal from a copper bowl, and that the symptoms appeared almost synchronously in a couple living together in the same house, who share the same kitchen, suggests that blue sweating in these patients may be due to feeding from the copper pot. However, serum copper levels are not measured in emergency room conditions.

III. CONCLUSION

Patients can admit to emergency rooms with very different complaints and symptoms. Patients with chromhidrosis can also admit to the emergency room with blue sweating symptoms. Patients with good overall condition and no immediate symptoms should be referred to dermatology outpatient clinics.

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