The silver man: a rare cosmetic complication of alternative medicine

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DESCRIPTION
A 58-year-old man with a medical history of schizoaffective disorder, delusional parasitosis and clostridium difficile colitis (CDC) was hospitalised for worsening diarrhoea, as a result of CDC exacerbation. His physical examination revealed normal vital signs and a bluish-grey pigmentation of the skin and nailbeds (figure 1). The patient firmly believed that he had Morgellons disease (a form of delusional parasitosis). In the past, he had seen several physicians including psychiatrists to seek treatment for his delusional parasitosis. The patient reported that he had been using oral silver colloidal solution for several months, in order to purify his blood and kill the (delusional) parasites, which he believed were present in his skin and stool. He got introduced to this remedy through the internet. Review of his prior medical records revealed a negative diagnostic workup for Addison’s disease and haemochromatosis, but a positive skin biopsy confirming the diagnosis of argyria.

Argyria is a rare disorder associated with the exposure or ingestion of silver compounds resulting in a permanent dermal deposition of inert silver salts and has no effective medical treatment. Unfamiliarity to this disorder may often result in a clinical misdiagnosis prompting unnecessary further work-up. Common disease conditions which may mimic argyria are cyanosis, Addison’s disease, haemochromatosis, Wilson’s disease, Ochronosis and methaemoglobinemia. Skin biopsy revealing silvery granule deposits is considered a gold standard for the diagnosis of argyria, however is rarely required, as the clinical history and physical examination findings (including skin examination under fluorescent X-ray) are considered sufficient in routine practice. The general population needs more awareness regarding the use of fraudulent remedies marketed through the internet claiming their effectiveness against various medical ailments.

Learning points
▸ Argyria is a rare disorder associated with the exposure or ingestion of silver compounds.
▸ This diagnosis should be suspected in patients with silver grey discolouration and who have underlying psychiatric illness and report ingestion to a silver compound or undefined alternative medicine. Unfamiliarity to this disorder may often result in a clinical misdiagnosis prompting unnecessary further workup.
▸ No effective medical treatment is available. Dermabrasion has been tried with variable success.

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Figure 1 Demonstrates silver-grey discolouration of the face and nail beds. Multiple small scratches on his skin of the dorsal surface of his hands are seen (marked with arrows). These scratches were self-inflicted by the patient, and he firmly believed these to be secondary to a skin infestation of some parasites (Morgellons syndrome).
REFERENCES

