

CASE REPORT

FIXED DRUG ERUPTION

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ABSTRACT: Fixed drug eruption is a drug induced skin eruption characterized by one or multiple skin erythematous plaques that disappears once the culprit drug is withdrawn leaving hyper pigmented sequelae. These plaques are termed fixed because they reappear on the same location each time the drug is administered. The commonly implicated drugs are tetracyclines, paracetamol and sulfonamides. A 38 yrs. old male patient presented to the department of medicine with history of erythematous patches all over the body. Patient was administered tablet Augmentin 625 mg for upper respiratory tract infection 4 days back. After taking the tablet he noticed a small erythematous patch on the right shoulder which increased in size and some patches are spread all over the body i.e. on back, proximal part of limbs and on abdomen. The patches were distinct sizes with hyperpigmentation and necrosis in the center. In the present case fixed drug eruption would be related to amoxicillin that is present in Augmentin in a view of a suggestive temporal relationship between drug intake and reaction onset, the remission of skin eruption after withdrawal. Hence caution is needed in patients who are hypersensitivity to amoxicillin.

KEYWORDS: Fix drug eruption, Augmentin.

INTRODUCTION: Fixed drug eruption is a drug induced skin eruption characterized by one or multiple skin erythematous plaques that disappears once the culprit drug is withdrawn leaving hyper pigmented sequelae.

CASE DESCRIPTION: A 38 yrs. old male patient presented to the department of medicine with history of erythematous patches all over the body. Patient was administered tablet augmentin for upper respiratory tract infection with phlegm four days back. After taking the tablet he noticed a small erythematous patch on the right shoulder which increased in size and later some patches are spread all over the body i.e. on back, proximal part of limbs and on abdomen. The patches were distinct sizes with hyperpigmentation and necrosis in the center. No history of fever, pain and burning sensation. No mucosal congestion or edema is seen. Vitals are within normal limits. No history of alcohol consumption, smoking and previous drug allergies. Patient was well built, conscious and coherent.

On general examination pulse, B.P, Respiratory rate and heart is within normal limits. Complete blood count, E.S.R, C.R.P and blood biochemistry including liver and renal function tests were normal.

Present case was diagnosed as fixed drug eruption and treated on outpatient basis with immediate stoppage of current medication and administration of oral anti-histamine levocetirizine 5mg.

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The case was reported to drug information center. Data regarding reaction was provided based on epidemiological studies and literature evidence. The information provided was that fixed drug eruption is a common reaction to amoxicillin that is present in Augmentin and also advised to perform patch test after 6 weeks to conclude the reaction. The reaction disappears in few days leaving hyper pigmented plaque. 6 weeks after complete healing of skin reaction, a patch test to Augmentin was performed both on the normal and involved skin simultaneously. Only patch test to Augmentin on involved skin was positive at 48hr due to reaction of residual hyperpigmentation.



Fig. 1

DISCUSSION: Present case diagnosed as fixed drug eruption to amoxicillin that is present in Augmentin. Narinjo and Uppsala monitoring scale used to assess the causality of drug reactions. The present reaction considered as PROBABLE as per WHO-UMC scale. The reaction is described moderate as per severity.

CONCLUSION: In the present case fixed drug eruption would be related to amoxicillin in a view of a suggestive temporal relationship between drug intake and reaction onset, the remission of skin eruption after withdrawal. Hence caution is needed in patients who are hypersensitivity to amoxicillin.

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