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MULTIPLE FIXED DRUG ERUPTION

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ABSTRACT

A 31 year young male patient complained about the occurrence of oval, dusky red eruptions which are inflammatory and itching in nature which occurred after the ingestion of levocetirizine. He has taken this drug for the relief from rhinitis as OTC. It's an unusual side effect which has been occurring in the same places always followed by the ingestion of same drug. This incidence has been confirmed by the doing a rechallenge by a practicing dermatologist. It has been confirmed as a localized multiple fixed eruptions.

Key Words:- Levocetirizine, Dusky Red Eruptions, Rechallenge.

INTRODUCTION

Fixed drug eruption is characterized by the sudden onset of round and/or oval, oedematous, dusky-red macules on the skin and/or mucous membranes accompanied by burning and/or itching. The acute phase is usually followed by residual pigmentation. (Sanchez Morillas L *et al.*, 2008). The incidence of fixed drug eruption induced by a specific drug appears to depend on frequency of use. (Alonso MD *et al.*, 1993) Fixed drug eruption (FDE) is a dermatosis characterized by recurrent patches or plaques at exactly the same sites with each administration of the causative drug. Fixed drug eruption is one of the commonest types of adverse cutaneous drug reaction (Pudukadan D *et al.*, 2004). Over 100 drugs are known to induce FDE (Shear NH *et al.*, 2003). Two cases of FDE due to cetirizine have been reported (Gharmi RC 2001) but none to levocetirizine. H1-antihistamine drugs, widely used in the treatment of allergic diseases, have an excellent safety profile, particularly those of the second and third generations. Cutaneous side effects, such as

a few cases have been described. Patch testing is not regularly performed, because re-challenge with the reappearance of skin lesions identifies the offending drug and the reactivity of patch tests in FDE is variable (Barbaud A *et al.*, 1998).

CASE REPORT

A 31-year young man who was on OTC with levocetirizine at the dose of 0.5 mg OD oral for the relief from rhinitis. The patient himself observed that he developed multiple drug eruption on same site with a dusky red oval patch with inflammation and itching on his left index finger and left side of neck region and top of left foot within two hours. Pictures reveal the incident. This was observed for several times on the same spots where earlier eruptions have occurred. Clinical examination revealed a solitary well circumscribed hyper pigmented macule on the left index finger and left neck region and top of the left foot. A provisional diagnosis of fixed multiple drug eruption (FDE) to levocetirizine was made. Inducing awareness among physician about the possibility of FDE levocetirizine also prompted us to report this case. In this case patch test was not done but rechallenge showed the same incidence. The incidence was thus

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confirmed by a practicing dermatologist. The main aim of reporting this unusual case adverse cutaneous reaction

following its administration.

Fig 1. Left Index Finger



Fig 2. Top of Left Foot



Fig 2. Left Side of Neck Region



DISCUSSION

More than 100 drugs have been implicated in FDE; however, this side-effect is more commonly found with tetracyclines, sulfonamides, sulfones, penicillins, pyrazolones, barbiturates, phenolphthalein, aspirin, and oral contraceptives (Mahajan VK *et al.*, 2005; Kauppinen K and Stubb S 1985). The pathogenesis of FDE is not completely understood, but epidermal CD8 T cells retained in lesional skin are believed to contribute to immunologic “memory,” being reactivated on re-challenge (Sanchez Morillas L *et al.*, 2008; Mahajan VK *et al.*, 2005; Kauppinen K and Stubb S, 1985) Cutaneous reactivity to the three H1-antihistamines is caused by the fact that they have the same piperazine chemical structure and similar pharmacologic profiles (Barbaud A *et al.*, 1998).

CONCLUSION

It is understood that OTC medications even for minor ailments should not be preferred. Patch testing should be done to confirm the incidence of levocetirizine. It was advised that the patients who are allergic to a drug of one class should prefer a drug of another class instead of other drug from same class.

CONFLICT OF INTEREST: None

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