

Case Report

A CASE OF ERYTHEMA MULTIFORME CAUSED BY UNKNOWN DRUG

***Bhosale R. R.**

*Department of Pharmacology RSCM Government Medical College and C P R Hospital, Kolhapur Dist-
Kolhapur, Maharashtra 416002, India*

**Author for Correspondence*

ABSTRACT

Erythema multiforme (EM) is a cutaneous reaction implicated by variety of agents, notably herpes simplex virus infection, mycoplasma infection, hypersensitivity reaction to drug, vaccination and drug-virus interaction. Most common drugs responsible for EM are anticonvulsants, antimicrobials and non-steroidal anti-inflammatory drugs. Here is a case of EM minor which might be induced by any one of the drugs (azithromycin, paracetamol, levocetirizine or ambroxol) consumed by patient for upper respiratory tract infection. Also there was a possibility of drug-drug interactions. The patient was completely recovered within ten days without any treatment.

Key Words: *Erythema Multiforme, Drug reaction, Antibiotics*

INTRODUCTION

Erythema multiforme (EM) is an acute dermatological condition of unknown etiology, possibly mediated by deposition of immune complex in the superficial microvasculature of the skin and oral mucous membrane (Tognetti, 2011; Kaur, 2008). The condition varies from a mild, self-limited rash (EM minor) to a severe, life-threatening form known as EM major which involves mucous membranes also. It is a common disorder in the second and third decades of life. Most of the cases are idiopathic, but drugs are responsible for near about 20% cases. Most commonly involved drugs include anticonvulsants, antimicrobials and non-steroidal anti-inflammatory drugs (Tognetti, 2011; Jeevanagi, 2008). Here, I report a case of EM minor which was induced by any one of the drugs (azithromycin, paracetamol, levocetirizine or ambroxol) consumed by patient for upper respiratory tract infection.

CASES

A 32-year-old-man came to our hospital because she had developed a macular-papular eruption involving arms and trunk. He complained moderate burning sensation at the sites of eruption. On cutaneous examination, typical target lesions (Figure: 1) appeared 2 days back and progressively spread without any non specific symptoms. A complete history was taken. Seven days prior to this, patient complained of high grade fever, cough with expectoration. A diagnosis of upper respiratory tract infection was made by general physician and prescribed Tablet azithromycin 500mg daily for five days, 'syrup C and C' containing levocetirizine and ambroxol and Tablet paracetamol 500mg three times daily. Patient completely cured by this treatment, but after six-seven days, there was skin reaction described above. Detailed past history did not reveal any significant medical disease, any drug allergy, or skin manifestation. A diagnosis of EM minor was made by dermatologists and told patient about self limiting pattern of disease. In next visit after ten days, lesions had completely resolved, leaving small post-inflammatory hyperpigmentation.

DISCUSSION

In present case report, patient developed typical target lesion on administration of many drugs and most common drug among that was responsible for these type of lesion is antibiotic i.e. azythromycin (Tognetti, 2011), but there were no evidences to rule out other drugs as a cause. There was also possibility

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of drug-drug interactions. Past history of patient did not reveal any significant medical disease, any drug allergy, or skin manifestation. So this is a case of EM minor, probably due to azithromycin. Therefore, this is a case of EM minor probably due to azithromycin, but other drugs consumed by patient or drug-drug interactions also might be responsible.



Figure 1: Typical target lesions on forearm

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