

**Original article:**

## **Fixed drug eruption: Case presentation**

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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skin eruption characterized by one or multiple skin erythematous plaques that disappears once the culprit drug is withdrawn leaving hyper pigmented sequelae.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 28 yr old male patient presented to the department of dermatology with history of erythematous patches all over the body. Patient was administered capsule NOVOCLOX for cold and cough 4 days back. After taking the tablet he noticed a small erythematous patch on the abdomen which increased in size and later patches are spread all over the body i.e. on back, proximal part of limbs and on upper lip. The patches were distinct sizes with hyperpigmentation and necrosis in the centre. Vesicular lesions seen on upper lip. 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.

**Keywords :** Fix drug irruption , Novoclox

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### **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skin eruption characterized by one or multiple skin erythematous plaques that disappears once the culprit drug is withdrawn leaving hyper pigmented sequelae. 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.

### **CASE DESCRIPTION:**

A 28 yr old male patient presented to the department of dermatology with history of erythematous patches all over the body. Patient was administered capsule NOVOCLOX for cold and cough 4 days back. After taking the tablet he noticed a small erythematous patch on the abdomen which increased in size and later patches are spread all over the body i.e. on back, proximal part of limbs and on upper lip. The patches were distinct sizes with hyperpigmentation and necrosis in the centre. Vesicular lesions seen on upper lip.

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 are 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. The case was reported to drug information centre. 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 and also advised to perform patch after 6 weeks to conclude the reaction. The reaction disappears in a

few days leaving hyper pigmented plaque. 6 weeks after complete healing of skin reaction, a patch test to amoxicillin was performed both on the normal and involved skin simultaneously. Only patch test to amoxicillin on involved skin was positive at 48 hrs due to reaction of residual hyperpigmentation.

#### **DISCUSSION:**

Present case diagnosed as fixed drug eruption to amoxicillin. 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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