

LICHENOID DRUG ERUPTION SIMULATING ATOPIC DERMATITIS

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Summary

A 28 year-old male patient developed lichenoid eruptions following anti-tuberculous therapy. Eruptions were chiefly on the flexural surfaces and also on cubital and popliteal fossae. The incriminating drug was PAS. This is perhaps the first report of lichenoid drug eruption occurring predominantly on the flexural surfaces of body and closely mimicking atopic dermatitis.

Lichenoid eruptions, which can mimic very closely typical lichen planus clinically and histologically may develop as a result of therapy with drugs like streptomycin, tetracyclines, iodides, quainacrine¹, chloroquine, chlorthizides etc. or following industrial use of certain compounds². Lichenoid eruptions predominantly involving flexural atopic sites is very rare.

We are reporting a case which had lichenoid eruptions in flexural sites which closely resembled atopic dermatitis.

Case Report

A male patient aged 20 years came to the Skin and V. D. Out-Patient Department of the S. S. L. Hospital, Banaras Hindu University in the month of Sept. 1975. He complained of itchy, violaceous papulo-squamous lesions on the cubital fossae, flexor surfaces of forearms (Fig. 1 Page No. 176) popliteal fossae (Fig. 2 Page No. 176), peno-

scrotal junction, lower abdominal wall, lower part of back and buttocks. These lesions were present for about one month. No history of atopy could be elicited in the patient or his family. He was a case of pulmonary tuberculosis who had been receiving Streptomycin injections, (1 gm/day), Isoniazid (300 mg/day) and PAS (12 gm/day) for about 2 months. He came to the Chest Out-Patient Department of this hospital for advice and was referred to the Dermatology Out-Patients for his skin lesions.

Nails and mucous membranes were normal. White dermographism was absent. A diagnosis of lichenoid drug reaction to antituberculous drugs (Streptomycin or PAS) was made.

To determine the incriminating drug PAS was withdrawn and patient put on Streptomycin (1 gm/day) and isozone forte (1 tab OD); (one tab containing INH 300 mg and thiacetazone 150 mg).

He was seen after 3 weeks. Lichenoid lesions had markedly improved by this time. The same treatment was continued for another month. At the end of that period patient was free of all skin lesions.

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Received for publication on 21-7-1976

Discussion

Adverse cutaneous reactions to drugs have been an important part of Dermatological practice for long. In 1955, Alexander estimated that about 35,000 drugs and various chemical substances are used for therapeutic or diagnostic purposes². About 1000 drugs and other chemicals are frequently used in routine clinical practice. Drug reactions are common to these drugs and frequently dermatologists are confronted with these problems.

Lichenoid eruptions are frequently seen as a reaction to commonly used drugs like tetracyclines, chloroquine, chlorthiazides, cyproheptadine, quinine, gold, etc. Lichenoid drug eruption

due to PAS was first described by Shatin in 1953³. Since then it is a well recognised cause for lichenoid drug eruption. Lichenoid drug eruption occurring predominantly on flexural sites, closely resembling atopic dermatitis is rare.

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