

ISONIAZID-INDUCED GENERALIZED PUSTULAR DRUG ERUPTION

A 50-year-old lady was referred to us with multiple, superficial, pustular lesions all over the body with scaling in certain areas. The lesions started with fever and generalized itching followed by erythema and pustulation two weeks after she started taking rifampicin 600 mg, isoniazid 300 mg and ethambutol 1000 mg given for pleural effusion. There was no history suggestive of psoriasis or a similar eruption in the past. There was no involvement of the oral or genital mucosae. The patient had had recurrent dermatitis on the feet which used to subside with topical corticosteroids. Antitubercular drugs were stopped and the patient was put on 500 mg of cloxacillin six-hourly. The lesions subsided with scaling in a week's time.

Routine blood and urine examination were normal. Bacteriological examination of the pustule was negative. Since the chest physician wanted to restart the antitubercular drugs, oral provocation test with 300 mg of rifampicin was tried after 2 weeks. There was no reaction for 48 hours. After two days, 300 mg of isoniazid was given. The patient developed fever with

generalized itching and erythema followed by multiple pustular eruptions within 6 hours. She was given 30 mg of prednisolone and within 12 hours the lesions started exfoliating without leaving any erosions.

Allergic skin reactions to isoniazid occur in less than 1% of the patients, and include acneform eruptions, urticaria, purpura, lupus erythematosus-like syndrome, pellagra-like syndrome and exfoliative dermatitis.¹ Pustular drug eruption to isoniazid is very rare and 3 cases have been reported in the western literature.²

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References

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