

Azathioprine - Hypersensitivity

To the Editor:

Therapy with 50 mg twice daily azathioprine was initiated in a 35-year-old male having photosensitive lichenoid eruptions of 20 years duration. The patient had failed to respond to high dose conventional oral steroid in past. After 2 weeks of starting azathioprine therapy, he developed high grade remittent fever, associated with polyarthralgia, severe myalgia and proximal muscle weakness involving hip girdle and back muscles and appearance of erythematous maculopapular eruptions on hands and feet.

The patient was thoroughly investigated for fever in consultation with internist. Clinical examination of throat, chest and sinuses was normal. There was no hepato-splenomegaly or lymphadenopathy. Peripheral blood smear was negative for malarial parasites. Widal and Mantoux tests were negative. Urinalysis revealed pyuria (8-10 pus cells.HPF Urine and blood cultures were sterile.

Since no cause of fever was ascertained it was decided to withdraw azathioprine to rule out the possibility of drug fever. Patient became completely afebrile within 24 hours of withdrawal of drug. Over next 48-72 hours other symptoms also disappeared along with normalization of urine microscopy.

After obtaining his consent patient was twice provoked with 50 mg azathioprine. On both occasions fever and associated symptoms recurred within 3-4 hours of drug administration. There has been no similar febrile episode since the withdrawal of azathioprine in the patient.

Azathioprine hypersensitivity reaction mani-

festing as fever, leucocytosis, arthralgia, myalgia and rash occurring 2 weeks after taking azathioprine has been reported. The exact mechanism of this reaction is unclear but the clinical pattern is similar to that of serum sickness.¹ Febrile reactions to azathioprine occurring alone,² or in association with polyarthralgia,³ and atrial fibrillation,⁴ have also been described. We have reported a case of azathioprine induced fever 7 days after starting the drug.² The sequence of events in this patient also suggested that pyrexia was related to azathioprine. It was confirmed twice on provocation.

Azathioprine is now a widely used immunosuppressive drug in the treatment of a number of dermatological disorders of immune origin.⁵ Dermatologist should therefore be aware of every possible reported side effects of this drug so as to use it more judiciously in his patient. The purpose of this report is to highlight this rarely reported hypersensitivity reaction to azathioprine.

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