EXTENSIVE BILATERAL SYMMETRICAL FIXED DRUG ERUPTION

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In a patient with extensive, bilateral fixed drug eruption, the offending drug was confirmed by provocation to be oxyphenbutazone with a cross reactivity with phenylbutazone.

Key words : Fixed drug eruption, Oxyphenbutazone.

The lesions of fixed drug eruption (FDE) are usually solitary and the sites of predilection are lips, genitals, trunk and extremities.[1] Though multiple lesions are not uncommon, bilateral and symmetrical involvement is extremely rare.[2] In the present communication, we describe a patient with extensive lesions of FDE which were bilateral and symmetrical in a mirror image fashion.

Case Report

A 25-year-old male student had chronic backache for which he had been having treatment with tablets and capsules for the past 6 months. A month ago, the patient noticed intense burning and itching on the trunk and extremities which was soon followed by marked redness, oedema and bullae. The medications were immediately stopped. The patient responded to topical corticosteroids and systemic antihistaminics in a period of 2 weeks. The lesions left behind dusky-slate to brownish pigmented areas.

When seen by us, the patient was observed to have well-circumscribed, pigmented areas on the chest, abdomen, back, arms, forearms, thighs, legs, hands, feet, palms and soles. The lesions were bilateral and symmetrical. A diagnosis of FDE was made and the patient subjected to provocation tests with the suspected drugs. The provocation tests were carried out as detailed by Pasricha.[3] The patient was administered a single tablet/capsule of one drug on the first day. If there was no reacting (itching and/or redness of lesions) during 24 hours, a second drug was given on the next day and the patient was watched during the next 24 hours. The provocation was considered positive only if there was a flare and recurrence at the same sites. The patient was tested with the following drugs : acetylsalicylic acid, ibuprofen, tetracycline hydrochloride, phenobarbitone, trimethoprim + sulphamethoxazole, ampicillin, sulphadiazine, oxyphenbutazone and phenylbutazone. A positive provocation was obtained with oxyphenbutazone only. The lesions also showed a cross reactivity with phenylbutazone.

Comments

Bilateral symmetrical involvement in FDE is uncommon. Browne observed involvement of the trunk confined primarily to abdomen, deltoid and scapular regions where the lesions were disposed at identical sites.[4] Recently, Sehgal and Gangwani[5] reported bilateral symmetrical FDE confined to hands and feet. Interestingly in our patient, the lesions on the trunk as well as the extremities including the hands and feet were distributed in a bilateral and symmetrical fashion. This has not been reported earlier though cross sensitivity between oxyphenbutazone and phenylbutazone has been known.[6]

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