

TWO UNRELATED DRUGS CAUSING INDEPENDENT LESIONS OF FIXED ERUPTION IN THE SAME PATIENT

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Summary

Existence of two groups of lesions of fixed eruption in a patient, each group reacting to a different unrelated drug seems to be far more common than realised. Two such cases seen in a period of one year are being reported. The lesions of one patient reacted to tetracycline and sulphadimethoxone and those of the other patient to tetracycline and sulphadiazine.

The phenomena of cross-sensitivity and poly-sensitivity in fixed drug eruptions (FDE) are well known¹. In cross-sensitivity, the drugs causing reactivation of the lesions are chemically related to each other and share common antigenic determinants. In the case of poly-sensitivity, the two drugs are not chemically related, but presumably have a common pathway for reactivation of the lesions. In both these instances, each drug causes reactivation of all the lesions. The phenomenon of independent lesions where a patient has two groups of lesions of FDE, one group reacting to one drug and the other group of lesions reacting to another unrelated drug was first recorded by Chargin in 1938². The second case was recorded by us in 1979³ with a gap of over forty years. However, within the next one year, we have recorded three more cases, two of which could be confirmed by provocation tests. With this report, we

wish to highlight that the phenomenon of independent lesions of FDE is far more common than reported in the literature.

Case Reports

Case 1

Since September 1974, a 42-year-old male had recurrent episodes of fixed drug eruptions on taking some tablets and capsules for dysentery. Provocation tests with various drugs were negative, till the patient was given a capsule of 250 mg tetracycline. Following this, he developed two erythematous macules on the right thigh and right foot respectively along with burning sensation. Other lesions of FDE present on the left forearm, left leg, buccal mucosa and penis showed no sign of activity. After the activity of the lesions had been controlled, the provocation test was continued with other drugs. On giving 1 tablet (0.5 gm) of sulphadimethoxone (Madribon), the FDE lesions on the left forearm, left leg, buccal mucosa and penis became itchy and erythematous, while the lesions on the right thigh and right foot did not show any sign of activity.

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Received for publication on 15-2-1980

Case 2

A 36-year-old male had suffered from multiple lesions of FDE since May 1976. During provocation tests, the lesions on the left leg, left wrist and right leg showed activation following one capsule of 250 mg tetracycline while other lesions present on the left forearm, dorsal aspect of the left hand, right side cheek, right ankle and umbilicus remained inactive. The latter group of lesions showed activation following one tablet (0.5 gm) of sulphadiazine while the other group of lesions previously aggravated by tetracycline showed no activity.

Discussion

It seems that existence of independent groups of lesions of FDE; each group responding to its own drug, is far more common than that suggested

by the two previous reports. Such cases can be discovered by provocation tests and insistence on examining all the lesions when the patient reports activation of the lesions following some drug. If some lesions do not show reactivation along with the others, provocation must be continued to detect the other offending drug.

References

1. Welsh AL : The fixed eruption, Charles C Thomas, Springfield, 1961.
2. Chargin L : Fixed eruption in a patient sensitive to arsphenamine and phenolphthalein in different areas. Arch Derm Syph 1938; 38 : 474.
3. Pasricha JS and Shukla SR : Independent lesions of fixed eruption due to two unrelated drugs in the same patient, Brit J Derm 1979; 101 : 361.