

# PHOTOSENSITIVITY WITH DEMETHYLCHLORTETRACYCLINE

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Some drugs when introduced systemically may induce skin eruptions on parts of body exposed to sun or ultra violet light. These drugs may be acting themselves or it is one of their metabolically altered substances. Pigmented, purpuric, bullous or polymorphic eruptions are known to occur. The common offenders have been atabreine, quinine, sulphonamides, chlorpromazine and demethylchlortetracycline.

We are reporting a case of photosensitivity due to demethylchlortetracycline, which is perhaps the first case reported from India.

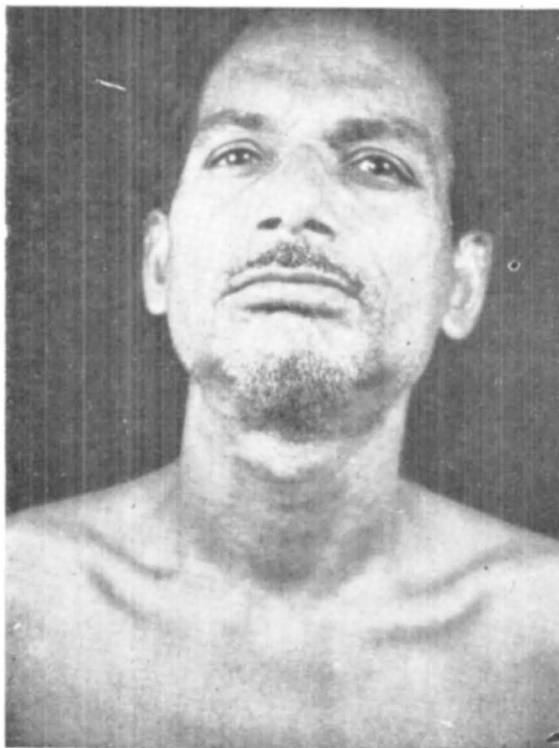


Fig. 1

## CASE REPORT

*History:* B. M. 45 M. came to the skin O. P. D. of our hospital with scabietic lesions for which benzyl benzoate 25% emulsion was prescribed. On second day of

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application he developed erythematous and papulo-vesicular lesions all over body sparing face, where emulsion had not been applied. Lesions became pustular in 2 days after which he reported us second time, when he was advised to take chlorpheniramine maleate 4 mgm. thrice daily and demethylchlortetracycline 150 mgms. four times daily and prednisolone with neomycin cream for local application. On third day of start of this therapy, he developed itching and redness on face and neck which was progressively increasing.

*Past history:* Patient had scabies some ten years back for which he used benzyl benzoate at that time. He gets attacks of urticaria off and on. He had dermatitis of legs and beard area for which he had taken superficial X-ray therapy about 15 years back.

*Family history:* Father had been suffering from asthma.

*On examination:* There were healing papular lesions present on extremities (including interdigital webs of hands), axillae, front of chest and abdomen and on genitals. No typical burrow could be found. The face showed an angry look with papular, macular and erythematous-squamous lesions with ill defined borders on face and neck. The upper lids were free except lid margins. Retro auricular spaces were

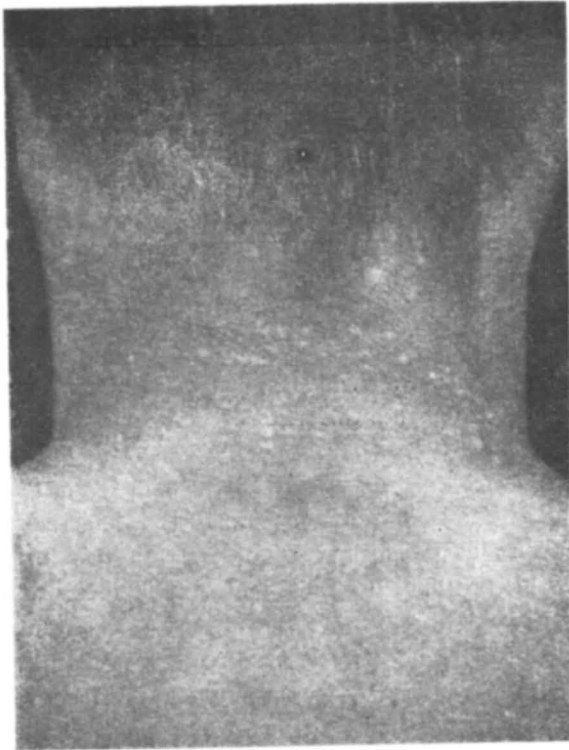


Fig. 2

spared. Back of neck showed papulo-vesicular lesions on erythematous base. Scalp showed diffuse scaliness.

*Investigations :*

Urinalysis	Normal
T. L. C.	9,200/ cu. mm.
D. L. C.	P 62% L 24% E 14%

*Progress :* Demethylchlortetracycline was withdrawn and patient was put on prednisolone 20 mgms. daily in divided doses for five days after which lesions of photodermatitis disappeared. He was followed up for two months and there was no relapse.

### DISCUSSION

Photosensitization can occur with any of the antibiotics but is said to be most prone to occur with demethylchlortetracycline (Cahn et al, 1961). Schorr and Monash (1963) have studied photosensitivity of certain substances under the condition of experimental ultra violet wavelength and have reported that the range of light sensitivity in case of demethylchlortetracycline is such that offending rays cannot be filtered off by window glass.

Our patient shows a typical sensitivity reaction produced by ingestion of demethylchlortetracycline. Our patient shows another interesting phenomenon as he had multiple types of allergies. He belongs to atopic family and had suffered from atopic eczema, urticaria and he has presently developed contact dermatitis to benzyl benzoate and photodermatitis to demethylchlortetracycline.

### SUMMARY

A case of photosensitivity to demethylchlortetracycline is reported. This patient exhibited multiple types of allergic reaction.

### ACKNOWLEDGEMENT

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