

FIXED ERUPTION PRESUMABLY DUE TO TRIMETHOPRIM

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Summary

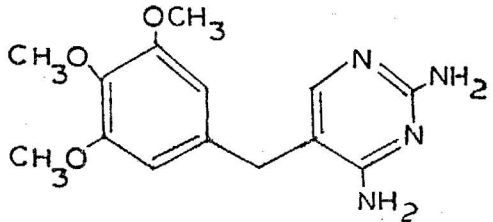
A 30 year old man developing fixed drug eruption reactivated by cotrimoxazole but not by sulphamethoxazole is reported. This was probably caused by trimethoprim. This is the first case report of such an eruption due to this drug.

Fixed drug eruptions can be caused by a number of drugs, of which the commonest are sulphonamides, phenolphthalein, phenobarbitone, analgin, dapsone, tetracycline and oxyphenbutazone¹⁻⁴. Recently metronidazole⁵, Pseudoephedrine⁶ and others also have been reported to produce fixed eruptions.

We are reporting a case of fixed drug eruption presumably due to trimethoprim.

Drug

Trimethoprim has pale yellow crystals and its molecular formula is: 2,4-Diamino-5-(3,4,5-trimethoxy benzyl)-Primidin. Its structural formula is given below.



Case report

A 30 year old patient reported to the Dermatology clinic with a history of repeated attacks of erythematous, hyperpigmented, discoid itchy lesions over left arm, right shoulder, right elbow, left side of abdomen and glans penis after taking Septrin (R) tablets (Co-trimoxazole, combination of trimethoprim and sulphamethoxazole). A diagnosis of fixed drug eruption was made. During provocation test, the patient showed reactivation of all the existing lesions after 1½ hours of administration of one tablet of Septrin (R). Subsequently provocation tests with aspirin, tetracycline, ampicillin, sulphadiazine, sulphapyridine and sulphamethoxazole did not reactivate the lesions. Provocation test with trimethoprim could not be carried out because of its nonavailability in pure form.

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Discussion

The patient showed reactivation of all the existing lesions with the ingestion of Septrin (R) tablets which is a combination of sulphamethoxazole and trimethoprim. On administration of sulphamethoxazole alone, none of the existing lesions showed reactivation, suggesting that the patient was presumably sensitive to trimethoprim component of Septrin (R). To the best of our knowledge fixed eruption due to trimethoprim has not been reported so far in the literature.

References

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