AN UNUSUAL SYMMETRICAL FIXED DRUG ERUPTION

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An unusual case of fixed drug eruption with a symmetrical distribution on the hands and feet is reported.

Key words : Fixed drug eruption, Oxyphenbutazone Symmetrical.

Aetio-morphologic pattern of fixed drug eruption is now well established.[1-3] Occasionally, however, we may come across an unusual presentation which needs to be recorded to add to our existing information on the subject. Hence we report a patient who had bilaterally symmetrical fixed drug eruptions confined to the hands and feet.

Case Report

A 20-year-old housewife had chronic otitis media for the past 2 years. She had regularly been taking treatment for the same in the form of capsules and tablets, the nature of which was unknown to her. An year ago, after consuming these drugs, she experienced intense burning and itching over the dorsal and palmar surfaces of the hands and feet, which was soon followed by intense redness, oedema and bullae. She immediately stopped the medicines and took some other treatment with recovery of these lesions in the course of 10 days, leaving behind a symmetrical, dusky-slate to brownish pigmentation which stood prominent over her fair skin. Ever since, she had been observing exacerbations and remissions confined only to the affected areas. She had suffered several similar episodes.

In view of the many drugs being consumed by the patient, it was imperative to find out the offending drug. A detailed history regrading the size, shape and colour of the drugs was again taken and it was speculated that the offending drug might either be an analgesic or an antibacterial substance.

In the first instance, the patient was subjected to the provocation test with cotrimoxole. Cotrimoxole, in graded quantity starting with $\frac{1}{4}$th of a tablet to 2 tablets twice a day was administered over a period of six days. It, however, evoked no positive response. Similarly, acetylsalicylic acid (aspirin) was administered, starting with 75 mg and increasing it upto the full therapeutic dose. This too failed to cause an exacerbation of the existing lesions. Subsequently, oxyphenbutazone was given. This evoked a moderate to severe response in the form of burning and itching in the course of 2 hours. Twenty four hours later she had developed marked oedema and an erythematous halo on the dorsa of the hands and feet (Fig. 1)

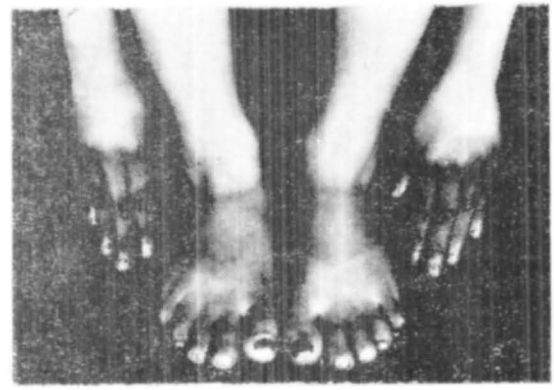

Fig. 1. Fixed drug eruption on both hands and feet.

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extending to involve both the palmar surfaces and wrist joints.

Comments

The lesions of FDE can occur on any part of skin, the sites of predilection being lips, genitals, limbs and trunk.[1,2] Usually, the lesions are solitary but may be multiple. Bilateral, symmetrical and peripheral disposition of fixed eruptions is unusual. Browne,[4] however, reported the involvement of the trunk confined primarily to the deltoid and scapular regions, and abdominal areas where the lesions were disposed at identical sites. Interestingly, our patient had the exclusive involvement of the acral parts, namely the hands and feet, in a mirror image fashion.

References

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