

## CAPTOPRIL (SQ 14, 225) INDUCED PITYRIASIS ROSEA LIKE ERUPTION

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A case is reported in which pityriasis rosea like lesions appeared with captopril, a new antihypertensive drug.

**Key words : Pityriasis rosea, Captopril.**

Angiotensin-I-converting enzyme inhibitor, captopril, represents a new class of antihypertensive agents.<sup>1,2</sup> On clinical trials using captopril, Wilkin et al<sup>3</sup> observed angiodema, erythematous macules, papules and pityriasis rosea like lesions, Wilkin and Kirkendall<sup>4</sup> reported pityriasis rosea like lesions in two cases, and Luderer et al<sup>5</sup> observed highly pruritic, maculo-papular rashes starting from the trunk and later on spreading to involve the neck, face and extremities in 7 cases out of 23. Wilkin et al<sup>3</sup> suggested that the skin eruptions were pharmacological in nature, as the lesions appeared on higher dosage of captopril and disappeared on decreasing the dose or sometimes even on continuing the therapy. Later, Luderer et al<sup>5</sup> also supported the same view, as direct immunofluorescent studies failed to show evidence of an immunologic reaction.

### Case Report

A 42-year-old female patient, developed mildly itchy maculo-papular rash. The lesions first appeared on her back about 6 months back and within a few days similar lesions also appeared on both the arms. At first, a provisional diagnosis of pityriasis rosea was made and treated with bland applications and antihistamines, but the lesions continued to appear.

Then she was put on topical corticosteroids with which she felt improved, but the lesions reappeared on its stoppage. She was intermittently given systemic corticosteroids, which also had similar effects. On further interrogation, she was found to be hypertensive, receiving propranolol and captopril (200 mg per day) for the last 8 months. The stoppage of captopril led to complete disappearance of the lesions within two weeks. She continued with propranolol and methyl dopa for the control of hypertension.

Histopathological sections from a margin of a lesion on the upper arm showed perivascular infiltration. The results of other tests such as haemoglobin, TLC, DLC blood sugar, serum creatinine, serum cholesterol, and VDRL were normal. KOH preparation for fungus was negative and fundus examination showed grade II hypertensive changes. Her blood urea was 56 mg%.

### Comments

Pityriasis rosea like skin eruptions have been observed following administration of certain drugs like captopril,<sup>3-5</sup> gold,<sup>6</sup> barbiturates, bismuth, arsenicals and clonidine.<sup>7</sup> In the present case, the lesions completely disappeared on stoppage of captopril though provocation was not attempted. According to our information, such an eruption has not been reported from India so far.

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**References**

1. Ferguson RK, Turini GA, Brunner HR et al : A specific orally active inhibitor angiotensive-converting enzyme in man, *Lancet*, 1977; i : 775-778.
2. Bravo EL and Tarazi RC : Converting enzyme inhibition with an orally active compound in hypertensive man, *Hypertension*, 1979; 1 : 39-46.
3. Wilkin JK, Hammond JJ and Kirkendall WH : The captopril-induced eruption, *Arch Dermatol*, 1980; 116 : 902-905.
4. Wilkin JK and Kirkendall WH : Pityriasis rosea like rash from captopril, *Arch Dermatol*, 1982; 118 : 186-187.
5. Luderer JR, Looking-bill DP, Schneck DW et al : Captopril induced skin eruptions, *J Clin Pharmacol*, 1982; 22 : 151-159.
6. Penneys NS, Ackerman AB, Gottlieb NL : Gold dermatitis, *Arch Dermatol*, 1974; 109 : 372-376.
7. Sober AJ and Fitzpatrick TB : *The Year Book of Dermatology*, Year Book Medical Publishers Inc, Chicago, 1983; p 96.