

SHORT REPORTS

ISONIAZID INDUCED GENERALISED PUSTULAR DRUG ERUPTION

A 50-year-old lady was referred to us with multiple, superficial, pustular lesions all over the body with scaling in certain areas. The lesions started with fever and generalised itching followed by erythema and pustulation two weeks after starting rifampicin 600 mg, isoniazid 300 mg and ethambutol 100 mg daily given for pleural effusion. There was no history suggestive of psoriasis or a similar eruption in the past. Oral or genital mucosae were not involved. There was history of recurrent dermatitis in the feet which used to subside with topical corticosteroids. Antitubercular drugs were stopped and the patient was put on 500 mg cloxacillin six hourly. The lesions subsided with scaling in a week's time.

Routine blood and urine examination were within normal limits. Bacteriological examination of the pustule was negative. Since the chest physician wanted to restart antitubercular drugs, oral provocation test with 300 mg of rifampicin was tried after 2 weeks. There was no reaction for 48 hours. After two days, 300 mg of isoniazid was given. The patient developed fever with generalised itching and erythema followed

by multiple pustular eruptions within 6 hours. The patient was put on 30 mg of prednisolone and within 12 hours, the lesions started exfoliating without leaving any erosions.

The diagnosis of isoniazid induced pustular eruption was confirmed in this case by the positive provocation test. Allergic skin reactions which occur in less than 1% of the patients, include acneform eruptions, urticaria, purpura, lupus erythematosus like syndrome, pellagra like syndrome and exfoliative dermatitis.¹ Pustular drug eruption to isoniazid is very rare and 3 cases have been reported in the western literature.²

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References

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