



## AN INTERESTING CASE OF POLYNEUROPATHY-PSEUDOPORPHYRIA-ADR –FRUSEMIDE

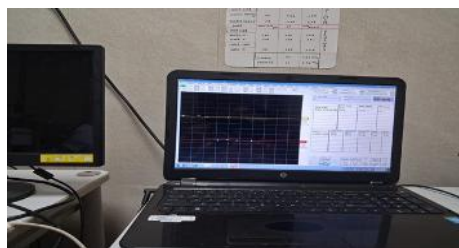
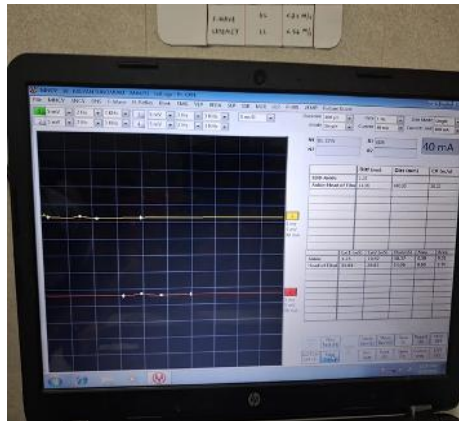
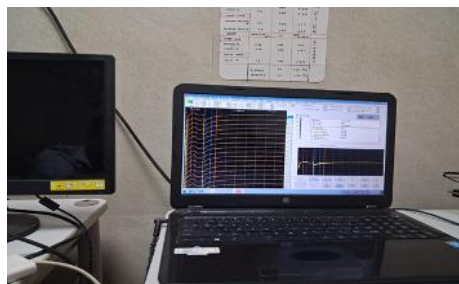
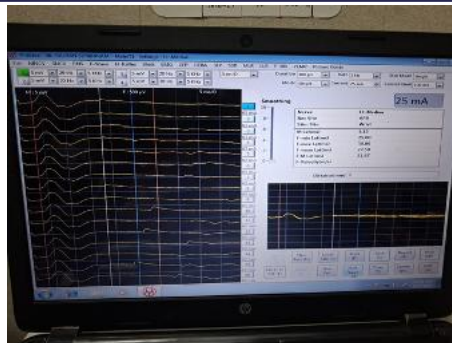
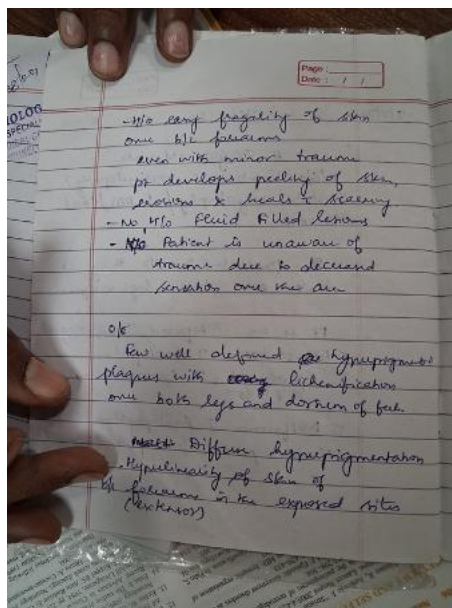
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MD., DM., {Neurology}

## KEYWORDS :

54 YEAR old male known case of diabetes, hypertension and CAD on antiplatelets, statins, diuretics presented with dermatological manifestations of easy fragility of the skin over both forearm. Even with minor trauma patient developed plenty of erosions. Fluid filled bullous lesions were present over both forearm. Patient is not aware of the trauma due to diminished sensations over both arms and legs. Patient had diabetic peripheral neuropathy. NCS was done. Demyelination with secondary axonal poly radiculoneuropathy was present. Urine and blood biochemical investigations were done to rule out porphyria.

Pseudoporphyria is a rare, photodistributed bullous (blistering) skin condition that clinically and histologically mimics porphyria cutanea tarda (PCT), but occurs without any underlying biochemical porphyrin abnormalities in the blood, urine, or stool.[1,2] Reported agents include tetracyclines, 2,3 furosemide, 4,5 nalidixic acid, 6 dapsone, 2 and pyridoxine. 7



Our patient was on frusemide in addition to other antidiabetics and anti hypertensives. Pseudoporphyria is a photodistributed bullous disorder with clinical and histological features similar to those of porphyria cutanea tarda, but without accompanying abnormalities of porphyrin metabolism.



## REFERENCES

1. Campiani G, Ramunno A, Maga G, Nacci V, Fattorusso C, Catalanotti B, Morelli E, Novellino E. Non-nucleoside HIV-1 reverse transcriptase (RT) inhibitors: past, present, and future perspectives. *Curr Pharm Des* 2002;8(8):615–57.
2. Cozzi-Lepri A, Phillips AN, d'Arminio Monforte A, Piersantelli N, Orani A, Petrosillo N, Leoncini F, Scerbo A, Tundo P, Abrescia N, Moroni M; Italian Cohort Naïve Antiretrovirals (I.Co.N.A.) Study Group. Virologic and immunologic response to regimens containing nevirapine or efavirenz in combination with 2 nucleoside analogues in the Italian Cohort Naïve Antiretrovirals (I.Co.N.A.) study. *J Infect Dis* 2002;185(8):1062–9.
3. Wasmuth JC, Herhaus C, Romer K, Salzberger B, Kaiser R, Schliefer K, Voigt E, Rockstroh JK. Efficacy and safety of abacavir plus efavirenz as a salvage regimen in HIV-infected individuals after 48 weeks. *AIDS* 2002;16(7):1077–8.
4. Zaccarelli M, Barracchini A, De Longis P, Perno CF, Soldani F, Liuzzi G, Serraino D, Ippolito G, Antinori A. Factors related to virologic failure among HIV-positive injecting drug users treated with combination antiretroviral therapy including two nucleoside reverse transcriptase inhibitors and nevirapine. *AIDS Patient Care STDS* 2002;16(2):67–73.
5. Falloon J, Ait-Khaled M, Thomas DA, Brosgart CL, Eron Jr JJ, Feinberg J, Flanigan TP, Hammer SM, Kraus PW, Murphy R, Torres R, Masur H, Manion DJ, Rogers M, Wolfram J, Amphlett GE, Rakik A, Tisdale M; CNA2007 Study Team. HIV-1 genotype and phenotype correlate with virological response to abacavir, amprenavir and efavirenz in treatment-experienced patients. *AIDS* 2002;16(3): 387–96.