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FIXED DRUG ERUPTION INDUCED BY ORNIDAZOLE – A CASE REPORT

Pharmaceutical Science

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ABSTRACT

Fixed Drug Eruption (FDE) is a cutaneous adverse drug effect, delayed type of hypersensitivity reaction in the form of recurrent lesions at the same site after re-exposure to the offending agent. A 47-year-old woman, suffering from diarrhea, on taking oral Ofloxacin combined with Ornidazole, developed well-circumscribed, erythematous rashes within few hours of taking the medicine. Treatment is mainly stopping the offending drug and use of topical corticosteroid.

KEYWORDS

Fixed Drug Eruption, Ornidazole, Oral Provocation Test

INTRODUCTION

Fixed Drug Eruption (FDE) is a cutaneous adverse drug reaction, mainly recurrent, well-defined lesion, occurring at the same site each time when the offending drug is consumed[1]. It is benign in nature, occurs within 30 minutes to one day of exposure to the drug[1,2].

FDE accounts for 4-39% of all the drug reactions and has female preponderance[3, 4]. According to a study done in United Kingdom, the most commonly offending drugs are- NSAIDS (25%), Paracetamol (24%), Amoxycillin (7%), Cotrimoxazole (5%) and Tetracycline (5%)[5].

Case Report:

A 47-year-old woman, suffering from diarrhea, on taking oral Ofloxacin combined with Ornidazole, complained of itching on the left iliac fossa, followed by well-circumscribed, erythematous rashes with small vesicles in the centre within few hours of taking the medicine.

The patient had a similar past history when took the same drug. All medicines were withdrawn and topical corticosteroid Desonide 0.05% and oral antihistamine was prescribed, following which the lesion resolved within one week.

DISCUSSION:

Fixed Drug Eruption (FDE) is a delayed type of hypersensitivity reaction mediated by CD8+ T cell. After clinical resolution, resting FDE lesions content CD8+T cell with an effector memory cell[6]. These cells are located in the dermo-epidermal junction and remain quiescent until drug re-challenge.

On re-exposure to the drug, there is activation and expansion of CD8+T lymphocyte with the release of interferon gamma, resulting in keratinocyte apoptosis[7].Oral Provocation Test ofthe implicated drug is the gold standard to confirm the casualty[8]. Patch Test is the alternative diagnostic method.

CONCLUSION:

Majority of FDEs are self-limiting. Treatment is mainly stopping the offending drug and use of topical corticosteroid. Systemic Corticosteroid may be necessary in the patients with multiple lesions. This is a case of Fixed Drug Eruption located on the left iliac fossa, induced by Ornidazole.

Conflict of Interest-None to declare

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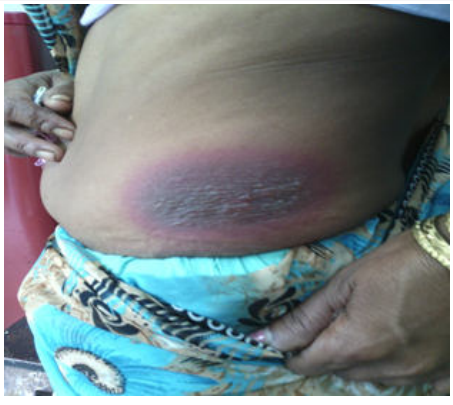

Picture showing A Case of Fixed Drug Eruption Induced by Ornidazole

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