Cutaneous Reactions due to Antibacterials Drug (Fluoroquinolone Derivative)

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ABSTRACT

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A 27-year old woman received Ciprofloxacin + tinidazole 500mg for 5 days. In addition to that pantoprazole tablet 40mg was prescribed for lacrimation (excessive), Uterine infection, Fever, and rigors . on day 6 rash was the commonest ADR of ciprofloxacin and was graded according to standard guidelines. Stevens Johnson's syndrome was observed in the case. This article outlines the adverse reactions of ciprofloxacin observed in patients. It may be concluded that the clinical patterns and the drugs causing ADR are remarkably similar to those observed in other countries except for minor variations.

Keywords : Adverse drug reaction; Rashes; Ciprofloxacin.

INTRODUCTION

Cutaneous drug reaction, characterized by skin lesions, pruritus, hypersensitivity are the most prominently occur in ADRs. Acute lesions appear as round or oval, sharply marginated erythmatous plaques that sometimes develop central bullae . The lesions are usually found on the lips and genitalia, although any skin or mucosal surface may be involved.[1,2] The eruption usually occurs within hours of administration of the offending agent and resolves spontaneously without scarring after few weeks of onset, usually with residual post-inflammatory pigmentation.[3] Most common "cutaneous adverse drug reaction" (CADRs) producing drugs are Ciprofloxacin, Carbamazepine, dapsone, isoniazid, clindamycin, diclofenac, rifampicin and zidovudine.[4]

CASE REPORT

A 27-year old female was admitted in the hospital with pruritic skin rashes, fever, vomiting,dysphagia, loss of appetite, episodic pain, and swelling of lips . The patient had a medical history of lacrimation (excessive), uterine infection, fever, and rigors since 5 days and she was started on the standard dosing regimen of ciprofloxacin with tinidazole followed by pantoprazole tablet for 5 days. On examination drug induced mucoscitis with febrile and tachycardia. She had diffuse erythema all over the body [Figure 1,2,3]. Crusting of lips, edema of hand and feet. Skin and mucous membrane are very common sites involved in any adverse drug reaction ranging form mild skin rash to Steven-Johnson's syndrome. Lab investigations revealed elevated WBC count and ESR. The patient's condition improved with systemic steroids and supportive medications.

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DISCUSSION

The various types of cutaneous ADR, maculopapular rash was the commonest seen in patients, as reported earlier.[5,6] The most common cause of muculopapular rash was due to anticonvulsants mainly the phenytoin followed by antimicrobial and NSAIDs drugs.[7] Recently ciprofloxacin has emerged as one of the important causes fixed drug eruptions. (FDE)[8] In consonance with the earlier reports, antibacterials were the main group of drugs causing different types of drugs skin reactions in our series. Ciprofloxacin drugs caused rashes in female patient. It may be concluded that the clinical patterns and the drugs causing ADR are remarkably similar to those observed in other countries except for minor variations.

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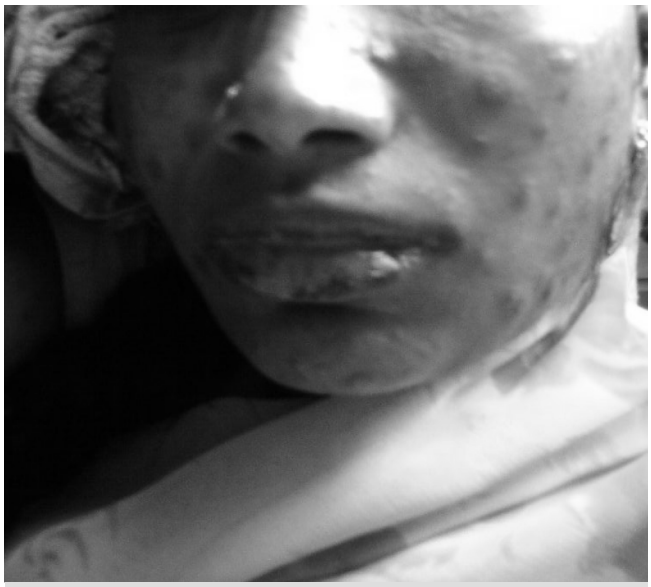

Fig.1: Swelling of lips

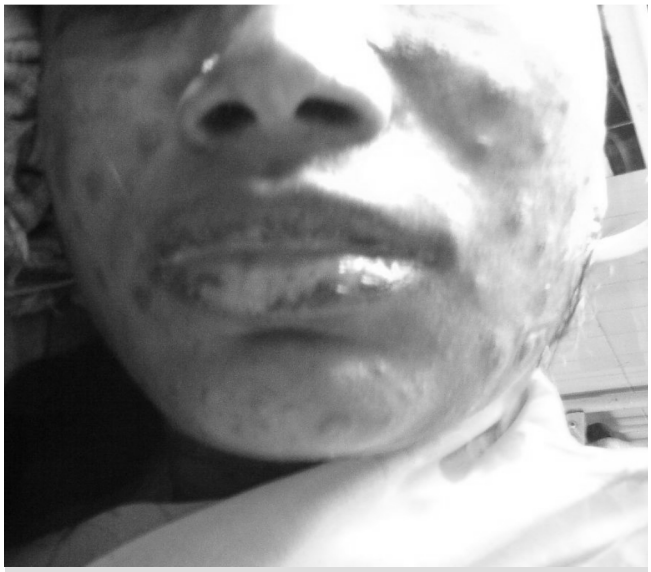

Fig .2: Fixed drug eruption on Facial

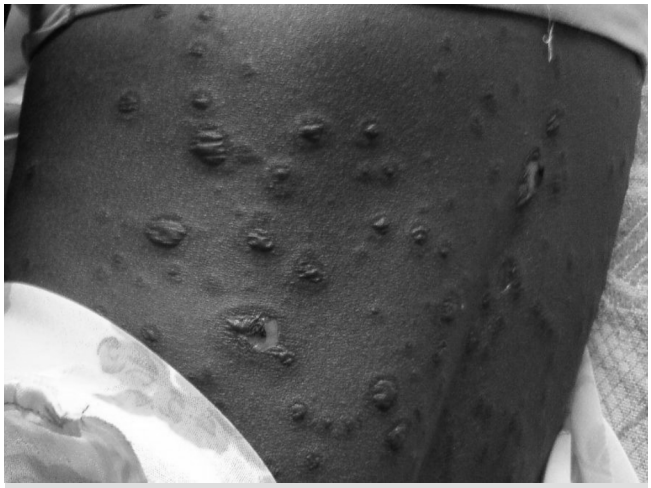

Fig. 3: Skin rashes over lumbar region

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