Fixed Drug Eruption, a Rare Side Effect of Fluconazole

Sir,

Fixed drug eruptions (FDEs) are defined as recurrent lesions occurring at the same skin or mucosal sites following repeated intake of the causative agent. FDEs account for about 11%–30% of all adverse drug reactions. The onset of FDE after the drug exposure may vary extensively. Early eruptions were documented after 30 min of drug intake. Antibacterial drugs, nonsteroidal anti-inflammatory drugs, barbiturates and other tranquilizers, phenolphthalein and related compounds are commonly implicated agents. However, oral antifungal agents are rarely associated with FDE. Here, we are reporting a case of 45-year-old female who had FDE due to fluconazole.

A 45-year-old female, otherwise healthy came with complaints of fluid-filled lesions over her upper lip and fingers associated with burning and itching for 1 day. She gave a history of ingestion of a single dose of oral fluconazole (300 mg) for finger nail onychomycosis which was prescribed to her by a dermatologist. The patient had no previous history of any medical conditions, such as allergy or atopic dermatitis or any other medication except for fluconazole. There was no history of similar eruption. Cutaneous examination revealed a well-defined oval, erythematous, bright red patch measuring about 1–1.5 cm with erythematous halo over the upper lip and over the left middle finger. He also had similar lesion over the lateral aspect of the left little finger which was bullous. The patient was not willing for skin biopsy. Thus, based on history and examination, a diagnosis of FDE to fluconazole was made. The patient was told to stop the offending agent and was started on oral antihistamine and topical steroid with complete recovery in 5 days. Fluconazole was thought to be the causative agent for FDE in this patient based on clinical criteria. Naranjo algorithm for causality assessment revealed a score of 6 indicating “probable” causal association.

FDEs are common types of drug eruptions, usually ranking on the second or third place among all cutaneous drug-induced side effects. It is considered a form of delayed type hypersensitivity, mediated by CD8+ T-cells. The most common sites are the genitalia in males and the extremities in females. Lesions can also be seen on the perianal, periorbital, and truncal regions. The lesions may be solitary or multiple. They may be bullous, pigmented, or nonpigmented. Fluconazole is one of the most common drugs used in dermatology practice. It is a triazole antifungal medication. Commonly observed adverse effects due to fluconazole include nausea, vomiting, and elevated liver enzymes. Hypersensitivity reactions include anaphylactic reactions, angioedema and facial edema, pruritus, urticaria, erythematous or maculopapular...
rash, and exfoliative skin reactions including Stevens Johnson syndrome and toxic epidermal necrolysis. Fluconazole-induced FDE is reported rarely, with only 25 published cases till date.

This case is reported for its rarity and also illustrates the importance of taking a comprehensive history of medication use when examining cutaneous adverse reactions. FDE is one of the rare side effects of fluconazole and may be misdiagnosed and mistreated since many medical practitioners are unaware of this uncommon side effect. Thus, it should be reported in the list of adverse effects of fluconazole and should be prescribed carefully.

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Conflicts of interest
There are no conflicts of interest.

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