Case Report

Blistering eruptions following isotretinoin therapy for hidradenitis suppurativa: a case report

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Received: 23 November 2018
Accepted: 29 December 2018

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ABSTRACT

A 33-year-old male was treated with isotretinoin (20mg daily) for hidradenitis suppurativa. After 6 weeks on the medication, he developed symmetrical erythematous tense blisters on the lower legs. Report of biopsy done was of dermal lymphohistiocytic infiltrates. He was commenced on oral prednisolone 30mg daily and Isotretinoin was withdrawn. The blisters resolved over a 2-week period. The lesions of hidradenitis suppurativa were noticed to have improved with the short course of isotretinoin.

Keywords: Blistering eruptions, Isotretinoin

INTRODUCTION

Isotretinoin is a cis-retinoid readily used in dermatology for the treatment various skin diseases including of acne, hidradenitis suppurativa, Gali Gali disease.1,2 We report a case of blistering eruptions following the use of Isotretinoin in the treatment of hidradenitis suppurativa.

CASE REPORT

A 33-year-old male presented to the dermatology outpatient clinic with lesions consistent with hidradenitis suppurativa in the groin and jaw areas. He was assessed to be Hurley stage 3. Despite various medications including combinations of antibiotics, the lesions were not much improvement, were persistently draining with consequent severe impairment of the patient’s quality of life. He was commenced on a low dose of 20mg daily to allow for adjustment to the known dry lips and dry eyes that occurs with Isotretinoin with the intention of increasing the dose. Six weeks after the commencement of isotretinoin, he developed bilaterally swollen legs and blisters and malaise. Clinical examination revealed symmetrical weepy, swollen legs, erythematous patches and tense blisters with negative Nikolsky sign. These blisters were limited to the lower legs. He was not febrile nor pale. A clinical diagnosis of drug induced bullous pemphigoid was made (Figure 1 and Figure 2).

Biopsies of an erythematous patch and a blister were taken. Samples for complete blood count, ESR and serum E, U, Cr were also taken. Isotretinoin was discontinued, Prednisolone 30mg/day was commenced and daily potassium permanganate soaks were commenced. Two weeks following this, legs were no longer swollen nor weepy, blisters had resolved. Patient was feeling better and happy with the resolution. The lesions of HS were less swollen and no longer discharging (Figure 3).

Complete blood count, ESR and serum E, U, Cr were normal. Biopsy report (H and E) was of spongiosis, telangiectasia and lymphohistiocytic infiltrates in the erythematous patch and intraepidermal blister with superficial dermal lymphohistiocytic infiltrates in the
blisters area. Due unavailability, immunofluorescence was not done.

**Figure 1: Blistering eruptions. Symmetrical lower leg swelling, erythematous patches and blisters.**

**Figure 2: blistering eruptions. tense blisters.**

**Figure 3: Blistering eruptions. complete resolution of blisters.**

**DISCUSSION**

Hidradenitis suppurativa (HS) is chronic inflammatory disease of the follicular structures, occurring commonly in the axillary, inguinal, intergluteal, perigenital, infra and intermammary gland areas. The true prevalence of HS is not known but prevalence is said to be 0.06 and 0.67% in some populations and HS is more common in people of African descent. Treatment modalities of HS include combinations of antibiotics. Isotretinoin used in our patient, biologic agents and lasers.

Isotretinoin is used for various dermatologic conditions; Acne, hidradenitis suppurativa, Gali, Darier’s disease, palmo-plantar keratoderma, pityriasis rubra pilaris to name a few. The use of isotretinoin has been associated with common and uncommon cutaneous side effects. The common cutaneous side effects include; dry lips, xerosis, facial erythema, eye lesions. The documented uncommon side effects are recurrent herpes labialis, angioedema and urticaria, pyogenic granuloma, acute generalized exanthematous pustulosis, erythema nodosum, erythema multiforme.

Isotretinoin has not been reported in literature to be associated with blistering eruptions but rather has been used in the treatment of vesiculour prurigo pigmentosa. We have reported this case to draw attention of the occurrence of intraepidermal blisters with the use of isotretinoin.

This study has inability to carry out immunofluorescence due to unavailability and cost.

**CONCLUSION**

Isotretinoin though widely safely used can rarely be associated with blistering eruptions. Clinicians should be on the lookout for this.

**Funding: No funding sources**

**Conflict of interest: None declared**

**Ethical approval: Not required**

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Cite this article as: Anaba EL, Oaku RI. Blistering eruptions following isotretinoin therapy for hidradenitis suppurativa: a case report. Int J Res Med Sci 2019;7:616-8.