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Case Study

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ERYTHEMATOUS SKIN REACTIONS DUE TO DRUGS FROM COMBOKIT- A CASE REPORT

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ABSTRACT

Introduction: Leucorrhea (abnormal vaginal discharge) is one of the most common problem in women. Trichomonal vaginitis, candidial vaginitis, moniliasis, chlamydia, gonorrhea and bacterial vaginosis are the most common causes of pathological abnormal vaginal discharge. Oral combination kit therapy containing fluconazole (150mg), azithromycin (1000mg) and secnidazole (1000mg) are efficacious in treating such vaginal discharge. This kit is a combination used in syndromic management of vaginal discharge. **Case report:** A 38 year old female patient developed edema, foot heaviness, itchy red lesions scattered all over body. She also had vomiting and difficulty in movements with marked pain after the intake of combination kit containing fluconazole, azithromycin and secnidazole. On local examination following hospitalization there were itchy and large erythematous lesions with purpuric rash evident on bilateral upper and lower extremities. Treatment is mainly symptomatic based on corticosteroids and oral antihistamines. **Conclusion:** The drug induced lymphocyte stimulation test and leukocyte migration test may prove to be beneficial in identifying the offender drug.

KEYWORDS: leucorrhea, fluconazole, azithromycin, secnidazole, erythema, purpura.

INTRODUCTION

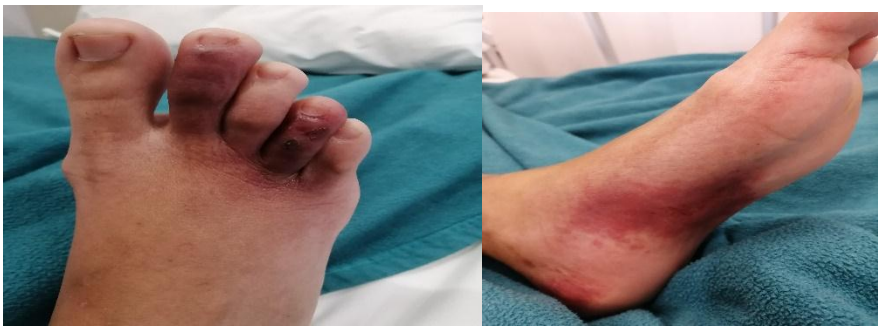
Leucorrhea (abnormal vaginal discharge) is one of the most common problem in women. Trichomonal vaginitis, candidial vaginitis, moniliasis, chlamydia, gonorrhea and bacterial vaginosis are the most common cause of pathological abnormal vaginal discharge combined with pain in the area. Leucorrhea is polymicrobial and treatment of only one or the most apparent cause may lead to flare up the clinical manifestations of the other cause. Thus, it is important to treat leucorrhea as a syndrome rather than a disease. Oral combination kit therapy containing fluconazole (150mg), azithromycin (1000mg) and secnidazole (1000mg) is efficacious in treating such vaginal discharge. [1] This kit is a combination used in syndromic management of vaginal discharge. It works by stopping the growth of microrganisms and killing the existing ones that cause the infection by damaging their DNA. Flucanazole is an antifungal that block the ability of the fungi to reproduce whereas azithromycin and secnidazole are antibiotics treating bacterial infections by stopping the growth of bacteria.[2]

CASE PRESENTATION

A 38 year old female patient was admitted in gynaecology department with the complaint of abnormal thick vaginal discharge, delayed menses, itching and pain in the vulval area. She was prescribed with vaginal pessaries 1 tablet once a day for three days, one combokit containing fluconazole, azithromycin, secnidazole for 1 time. One week later she came with the complaint of edema, foot heaviness, itchy red lesions which was scattered all over body. She also had vomiting and difficulty in movements with marked pain. On local examination following hospitalization there were itchy and large erythematous lesions with purpuric rash evident on bilateral upper and lower extremities. Results of laboratory tests of collected blood, urine, HSV- 1&2, IGG and IGM antibodies, LFT and RFT were all within normal limits. No abnormalities were detected in USG lower abdomen and pelvis. Suspecting that these rashes could be drug induced, the patient was then refered to department of dermatology. On further enquiry, it was confirmed that the patient received single dose combination treatment of fluconazole, azithromycin and secnidazole for abnormal vaginal discharge from another hospital one week back.

On the day of admission she was treated with methylprednisolone 125 mg IV stat and 40mg once daily for 3 days, intramuscular injection of diclofenac 75 mg twice a day, tablet hydroxycine 25 mg twice a day, tablet tramadol HS along with ondansetron 4mg twice a day intravenously. From second day onwards edema, pain and tenderness started decreasing. Her general

conditions started getting better and vitals got stable. Purpuric rashes settled and its brightness started decreasing. On the third day she experienced constipation and bloating and she was treated with syrup duphalac 20 ml twice a day, suspension of aluminium hydroxide+ milk of magnesia+ oxetacaine thrice a day. Erythema, tenderness and purpura completely resolved. Episodes of foot heaviness with edema now got better and no abnormalities were detected in genital examination. Upon recovery, the patient was discharged on the fourth day.



DISCUSSION

Most drug induced reactions are mild and disappear when the offending drug is withdrawn.[3] The erythematic lesions and rashes can develop from day one to 3 weeks after the suspected drug is first given. The lesions are maculopapular, polymorphic with no mucosal involvement. Lesions usually appear first on the trunk. They spread to involve the extremities in a symmetrical manner. A first approach is to incriminate all drugs and to withdraw the medication. This is applicable only in the acute phase and only if the drugs can be replaced, or if the skin reaction is severe and requires rapid cessation of suspected drugs. The most important point is to have a high level of suspicion regarding the possibility of drug reaction. The next aspect is to identify the offending drug as it makes the management possible and easy. [4] Here the patient received combokit containg fluconazole, azithromycin and secnidazole which is effective against leucorrhea and the fungal and bacterial infections assosciated with it. The kit consists of 4 tablets (1 flucanazole, 1 azithromycin and 2 secnidazole) to be taken on the same day at different time intervals. In this case the diagnosis was straightforward as the patient developed rash after taking the combokit. The adverse reactions occurred within a week of combokit administration. Treatment is mainly symptomatic based on corticosteroids and oral antihistamines. Here the patient received medications like methylprednisolone, hydroxycine, diclofenac to ease the erythmatic lesions, itching and pain. Other medications given were laxatives and antacids for constipation and bloating. The drug induced reactions disappeared after withdrawing the suspected drug and symptoms resolved thereby.

CONCLUSION

Since the drugs in the combokit is known to cause various hypersensitivity skin reactions, it must be used with care. The risk can be minimized with appropriate use of drugs. Inform the patient about skin complications that are common. [5] Early recognition, withdrawl of possible causative drug, adequate supportive care are cornerstones of improving patient prognosis and reduce morbidity. Patient education and follow up are necessary and the search should continue for therapies that can reduce the risk. [7] The drug induced lymphocyte stimulation test and leukocyte migration test may prove to be beneficial in identifying the offender drug.[6]

REFERENCE

1. Kore S, Pandole A, Kulkarni S, Puthuraya S, Kamat S, Ambiye VR. Syndromic management of vaginal discharge our experience. Bombay Hospital Journal, 2004; 46(1): 6-10.
2. https://www.1mg.com/generics/fluconazole-azithromycin-secnidazole-401646.
3. https://en.wikipedia.org/wiki/Drug_eruption.
4. Al Aboud DM, Hafsi W. Adverse Drug Reaction (ADR). InStatPearls [Internet] Nov 13. StatPearls Publishing, 2018.
5. Iram M, RH SR. Lamotrigine Induced Erythema Multiforme: A Case Report. Indian Journal of Pharmacy Practice, 2010; 3(2).
6. Bagchi C, Das S, Banerjee I, Pramanik N, Tripathi SK. A Case of Drug-Induced Bullous Skin Reactions-Multiple Suspected Offenders Making Causality Assessment Difficult.
7. Chen YC, Cho YT, Chang CY, Chu CY. Drug reaction with eosinophilia and systemic symptoms: a drug-induced hypersensitivity syndrome with variable clinical features. Dermatologica sinica, 2013 Dec 1; 31(4): 196-204.