Fixed drug eruption due to quinolones

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This patient was a 79 year-old man with a history of COPD and taking levofloxacin for respiratory infection since 3 days before. He consulted the ED for skin lesions that appeared 48 hours before, located in the scrotum, left preauricular region, back of the left leg and the lower lip, consisting of rounded, erythematous macules of different sizes according to location, itchy when touched (Figure 1). The patient was diagnosed with fixed drug eruption (FDE) caused by quinolones. The antibiotic was withdrawn and the lesions disappeared within a few days.

FDE is a clinical form of rash due to medication, mediated by intradermal T CD8 lymphocytes. The parts of the body most frequently affected are the extremities, especially the hands and feet, lips, glans and perianal area. The typical form is a solitary red or purplish macula that appears within hours of drug exposure. Diagnosis is mainly clinical. The probable causative agent must be discontinued immediately, and topical steroids are useful for any significant local discomfort.

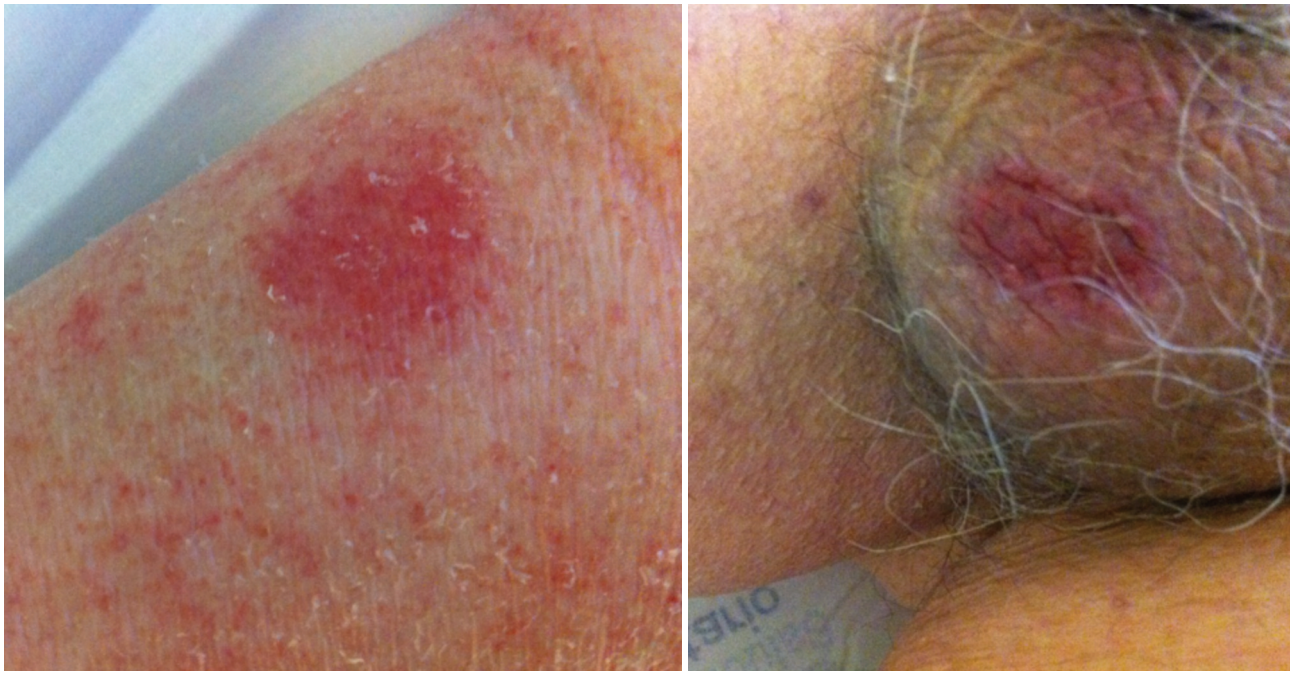

Figure 1. Macula on the back of the left leg (left) and the scrotum (right).

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Received: 3-4-2012. **Accepted:** 6-4-2012.
Conflict of interest: The authors declare no conflict of interest in relation with the present article.