

## Short Communications

### Fixed drug eruption from clarithromycin

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Clarithromycin is a new macrolide antibiotic used in respiratory infections against a wide range of pathogens (1). Clarithromycin-induced thrombocytopenic purpura (2) and leukocytoclastic vasculitis (3), but no other adverse cutaneous reactions, have been reported.

#### Case report

A 58-year-old man was treated for tonsillitis with clarithromycin. On the 3rd day of treatment, he developed multiple sharply circumscribed erythematoviolaceous patches of various shapes and sizes (1–3 cm), some with a central blister, on the head, trunk and upper arms and legs. Lesions improved in 6–7 days just with discontinuation of the drug. 1 month later, hyperpigmentation with a red-bluish coloration was observed at the same sites.

Patch testing with clarithromycin 10% aq. was performed on both normal skin and residual lesion. A positive erythematovesicular reaction (D2++, D4++) took place only on residual lesion, with a flare-up of the fixed drug eruption in previously involved skin. 20 control subjects had a negative patch test result.

#### Discussion

We report this case both because no fixed drug eruption induced by clarithromycin has yet been reported and to

underline, as previously stressed by others (4–6), the usefulness of patch testing to identify causative agents of this adverse cutaneous reaction.

Patch testing is a simple, fast and safe alternative to oral challenge. Criteria to establish its diagnostic validity, as proposed by Calkin & Maibach (6), are history of drug ingestion, clinical morphology suggesting a delayed allergic reaction, positive patch test, appropriate patch test controls (at least 20), resolution after drug discontinuation and, when practical, positive oral challenge testing.

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