

CONTACT POINTS

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Fixed drug eruption from piroxicam with positive lesional patch test

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Case Report

A 48-year-old man presented with dark-red eruptions on the penis, fingers and hands following oral intake of Arudein^R cap (piroxicam 20mg; Tyouseido, Japan) for throat pain. He had used this medicine for 3 years without any complaint until first experiencing itchy dark-red eruptions on the hands 3 months ago, which cleared with no treatment. Skin biopsy of the eruption on the hands showed acanthosis and a band-like lymphocytic infiltrate in the papillary dermis, suggesting fixed drug eruption (FDE).

Patch testing to piroxicam (0.5% pet.) on a previous FDE lesion was + at D2 and ++ at D3, while all other components of Arudein cap, thimerosal, thiosalicylic acid and

ethylmercuric chloride, were negative. Patch testing to piroxicam, however, was negative on normal skin. He was successfully treated by 2-week prednisolone intake and corticosteroid ointment.

Discussion

Piroxicam is a major non-steroidal anti-inflammatory drug that often causes drug eruptions, the most common being a photosensitive dermatitis (1). FDE caused by piroxicam is rare (2–6). Our case showed a positive patch test reaction to piroxicam on a previous FDE lesion, with a negative reaction on patch testing on normal skin, which is compatible with previous reports (2–6).

There have been several reports of cross-sensitivity between piroxicam, thimerosal, thiosalicylic acid and ethylmercuric chloride in piroxicam allergy (7, 8). In FDE, one case showed cross-sensitivity between thiosalicylic acid and piroxicam (2). Other FDE cases did not demonstrate cross-sensitivity between piroxicam, thimerosal, thiosalicylic acid or ethylmercuric chloride (3–6). This patient also did not show cross-sensitivity between piroxicam, thimerosal, thiosalicylic acid or ethylmercuric chloride.

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piroxicam. *Acta Derm Venereol* 1983; 63: 557–558.

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