

Occupationally induced fixed drug eruption caused by a non-steroidal anti-inflammatory agent

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doi:10.1111/j.1600-0536.2012.02089.x

Key words: contact dermatitis; fixed drug eruption (FDE); occupational; piroxicam.

Piroxicam (Feldene®; Pfizer SA, Brussels, Belgium) is a non-steroidal anti-inflammatory drug of the oxicam group, and is widely used as an analgesic, antipyretic, and antiplatelet agent. Multiple adverse systemic effects of piroxicam have been reported, among which are several cutaneous disorders, including fixed drug eruptions (FDEs) (1).

We here present a case of FDE caused by piroxicam exposure in an occupational context.

Case Report

An atopic and otherwise healthy 55-year-old woman, a nurse in an orthopaedic department, had presented since 2006 with recurrent episodes of bullous FDE on the backs of the hands, followed by residual hyperpigmentation (Fig. 1), a diagnosis confirmed by a skin biopsy. This recurrent eruption was associated with the handling of Feldene® (via perfusion preparation, or crushing of tablets for elderly patients, or for administration via gastric catheters) and, to a lesser extent, also the paracetamol-containing drugs Dafalgan® and

Perfusalgan® (Bristol-Myers Squibb, Braine-L'Alleud, Belgium). She usually wore no gloves during her work. We were unable to observe her in the workplace, but we presume that there was spread of the ground powder up the dorsa of her hands during preparation. In the past, she had never personally taken piroxicam, but she had stopped taking paracetamol, as this had caused vomiting.

Patch tests were performed with piroxicam 1% pet. (Chemotechnique, Vellinge, Sweden), with the piroxicam-containing drug Feldene®, and with the



Fig. 1. Fixed drug eruption on the hands with residual hyperpigmentation.

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Conflicts of interest: The authors have declared no conflicts.



Fig. 2. Positive patch test reaction to piroxicam 1% pet. on a previously affected skin site.

paracetamol-containing drugs Dafalgan® and Perfusalgan® (Bristol-Myers Squibb), tested 'as is' and diluted 30% and 10% in pet. and saline (saturated solution). The tests were applied both on the back and on previously affected skin sites, that is, on the backs of the hands. The patch test materials used were Van der Bend chambers (Van der Bend, Briele, The Netherlands), fixed on Mepore covered on the upper back with Mefix® (Mölnlycke Health Care, Sweden).

Patch tests on the previously affected sites on the backs of the hands gave positive results for piroxicam and Feldene® (both ++ at D2 and D4) only (Fig. 2), but negative results on the back, as expected with FDEs.

Discussion

Although many reports on the adverse effects of piroxicam have been published, this is the first case of FDE caused by handling of piroxicam in an occupational context, namely in a nurse administering drugs to the patients. Such cases might occur more frequently than expected (2-3).

Acknowledgements

We are grateful to Professor An Goossens for her assistance in writing this communication.

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