

CONTACT POINTS

Generalized bullous fixed drug eruption caused by ibuprofen

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Ibuprofen can commonly cause a wide variety of cutaneous reactions, but establishing the causal relationship is usually difficult.¹ We report a case of a skin drug reaction caused by ibuprofen, confirmed by positive patch test results.

CASE REPORT

A 47-year-old woman presented with annular erythematous plaques with vesicles and pustules, some grouped at the periphery of the lesions, with a herpetiform configuration, dispersed over the trunk and thighs (Figure 1); these had developed during the preceding 2 weeks. The patient reported sporadic self-medication with several non-steroidal anti-inflammatory drugs, including

ibuprofen. Besides this, the patient's medical history was unremarkable.

The findings of relevant laboratory investigations were unremarkable. Histological assessment of a skin biopsy was compatible with a bullous skin drug reaction (Figure S1); no IgA deposits were found. Three months later, patch tests with the Portuguese Contact Dermatitis Research Group (GPEDC) baseline series (Chemotechnique Diagnostics, Vellinge, Sweden) and different non-steroidal anti-inflammatory drugs, including ibuprofen (5% and 10% pet.), were performed. For patch testing, Finn Chambers on Scanpor tape by SmartPractice were used (Phoenix, Arizona). Results were recorded on day (D) 2 and D3. Ibuprofen was also applied on a post-inflammatory hyperpigmentation patch on the abdomen. On D3, a strong reaction (++) with pustules at the periphery of the patch test site developed on

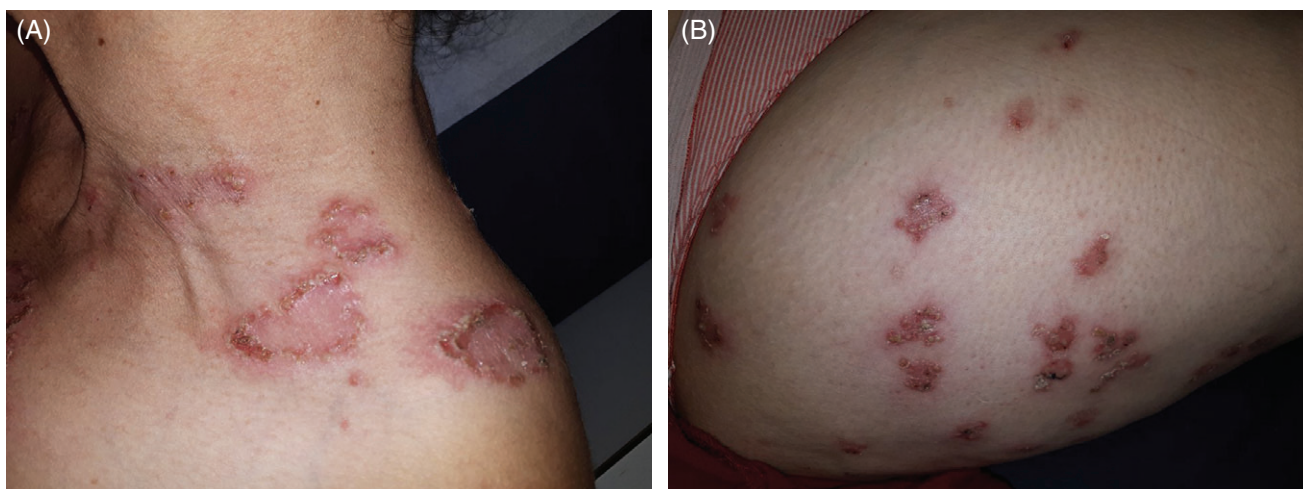


FIGURE 1 Annular erythematous plaques with vesicles and pustules, some grouped at the periphery of the lesions, with a herpetiform configuration, localized on the upper trunk (A) and left thigh (B)

the residual pigmented lesion (Figure S2). An excisional biopsy of a pustule supported the skin drug reaction. The results of the tests on the upper back were all negative. The patient reported no recurrence of the symptoms since she stopped taking ibuprofen.

DISCUSSION

Fixed drug eruptions constitute approximately one tenth of all cutaneous adverse drug reactions to ibuprofen, and generalized bullous fixed drug eruptions constitute a rare subset.² In the present case, the drug reaction caused by ibuprofen was confirmed by positive patch test results, although only on pigmented residual lesions, suggesting the diagnosis of a generalized bullous fixed drug eruption. Although rare, systemic allergic dermatitis caused by ibuprofen also needs to be considered; this has been reported mostly as exanthematous eruptions.³ As ibuprofen is widely used worldwide, it is important to be aware of the potential for cutaneous reactions to this drug, in order to provide prompt diagnosis and treatment, including drug withdrawal.⁴

CONFLICTS OF INTEREST

The authors have no conflicts of interest to report.

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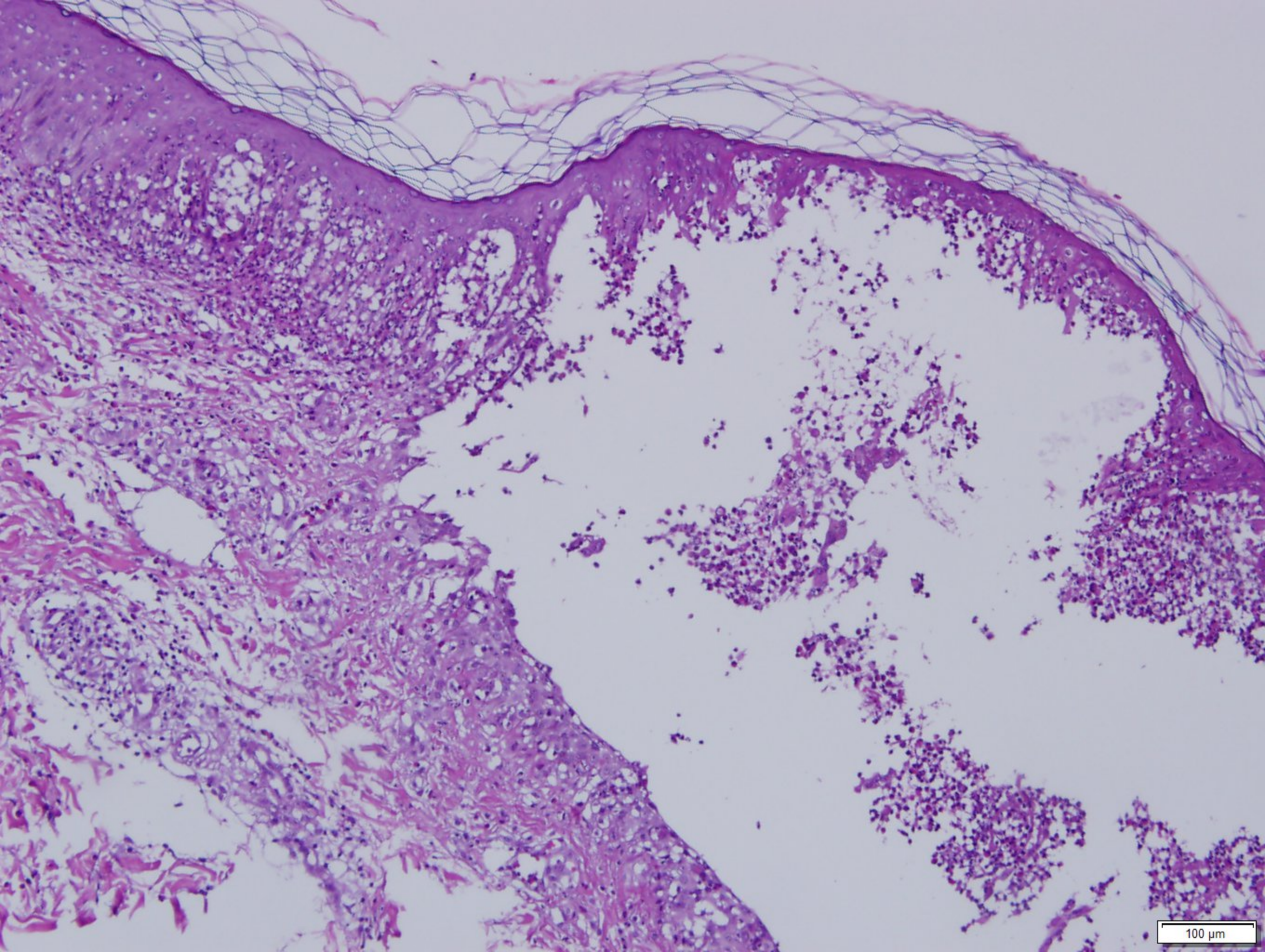
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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of this article.

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