

Spiramycin-related cutaneous eruption confirmed by patch testing

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Spiramycin is a macrolide antibiotic that is widely used in Europe, either as the sole active ingredient or in combination with other antibiotics. Spiramycin is also used in the veterinary setting.

Case Report

A 62-year-old woman with a history of severe psoriasis receiving treatment with adalimumab presented with generalized maculopapular exanthema, without mucosal involvement (Fig. 1a). The patient reported receiving treatment with spiramycin and metronidazole (Rhodogil®), metamizole (Nolotil®) and ibuprofen over the previous 3 days for a buccal infection. A skin biopsy showed a perivascular lymphocytic infiltrate with numerous eosinophils in the dermis, compatible with a cutaneous drug eruption. Administration of these drugs was interrupted and oral corticosteroids were commenced, which led to resolution of the rash.

Five months later, the patient underwent patch testing with Rhodogil® 30.0% pet., metronidazole 10.0% pet.,

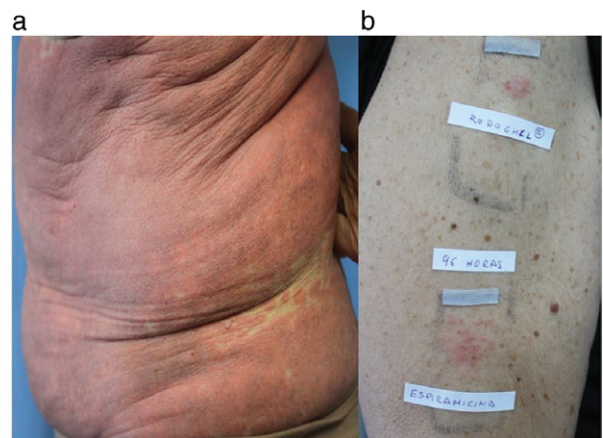


Fig. 1. (a) Generalized maculopapular exanthema after the patient had taken spiramycin. (b) Positive patch test reactions to Rhodogil® and spiramycin on day 4.

and azithromycin 10.0% pet. (all prepared by the hospital pharmacy), spiramycin, erythromycin, clarithromycin, and ibuprofen, all 10.0% pet. (Chemotechnique Diagnostics, Vellinge, Sweden), and metamizole 1.0% pet. (Marti Tor Barcelona, Spain). On day 4, readings were positive for Rhodogil® (++) and spiramycin (++) (Fig. 1b). We patch tested 20 controls with Rhodogil®, and obtained

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negative results. A cutaneous drug eruption caused by the spiramycin contained in Rhodogil® was thus diagnosed.

Discussion

Hypersensitivity reactions to spiramycin are rare and mostly of the immediate type, although some late reactions have been reported. Furthermore, authors have described cases of occupational contact dermatitis in farmers and veterinarians who handle spiramycin (1), as well as other cases of cutaneous drug eruption caused by spiramycin (1, 2).

The sensitivity of patch testing in the assessment of cutaneous drug eruptions caused by macrolides is

low (~5%), and varies according to the form of clinical presentation (3). In most patients with maculopapular exanthema caused by spiramycin, patch tests give negative results (1, 2). However, some reports have described patients with acute generalized exanthematous pustulosis who have positive test results with this drug.

Macrolides are classified into three groups according to their chemical structure. In patients who are allergic to one of these types, it is advisable to test the other groups, as there have been reports of cross-reactions (1). If the drug is not available as a commercial patch test allergen, it is useful to test the commercial drug at the concentration recommended by current guidelines.

References

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