

CONTACT POINT

Mesalazine-induced bullous fixed drug eruption

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Mesalazine, also known as 5-aminosalicylic acid (5-ASA) or mesalamine, is an anti-inflammatory drug that is used in the treatment of ulcerative colitis and Crohn's disease.¹ Mesalazine-induced cutaneous adverse reactions such as non-specific rash, acute generalized exanthematous pustulosis and toxic epidermal necrolysis have been reported.^{2–5} Herein, we report a patient with bullous fixed drug eruption (bFDE) caused by mesalazine, which has not been reported previously, to our knowledge.

CASE REPORT

A 35-year-old patient with ulcerative colitis developed vesicular and bullous lesions, always at the same site on his feet, following mesalazine (Asacol®) intake (Figure 1A–E). At least two episodes of bFDE were observed after he had taken oral and suppository forms of mesalazine. He had not suffered any previous similar complaints with other concomitantly used pharmaceutical products. His medical history was insignificant except for ulcerative colitis.

Dermatological examination revealed brown-violaceous, slightly crusted, oval plaques located symmetrically on the plantar aspects of his feet (Figure 1c,d). The patient's own clinical photographs showed bullous lesions always at the same sites (Figure 1A,B). A presumptive diagnosis of bFDE was made on the basis of the clinical findings and the temporal relationship between mesalazine intake and development of lesions. Patch testing with Asacol® (mesalazine) tablets diluted in pet. (10%, 1%, and 0.1%) was performed on the lesional skin and on the upper back of the patient to confirm the diagnosis, 6 weeks after the clinical resolution of the lesions. Sulfasalazine was not available at the time of patch testing. Readings were recorded on day (D) 2 and D5, according to ESCD guidelines.⁶ On D2 and D5, there were weak positive reactions on the

upper back and strong positive reactions over the lesional skin with all of the concentrations tested, confirming the diagnosis of bFDE caused by mesalazine (Figure 2A–E).

DISCUSSION

Aminosalicylates (5-ASA), including mesalazine and sulfasalazine, are among the first-line medical therapies for inflammatory bowel diseases.^{1,7} Although sulfasalazine is metabolized into its two components, sulfapyridine and mesalazine, in the colon, mesalazine and sulfasalazine have been reported to show a different spectrum of adverse effects.⁸ In addition to being one of the most well known causes of drug reaction with eosinophilia and systemic symptoms,⁹ sulfasalazine has been associated with fixed drug eruption (FDE).^{10,11} Sulfasalazine-induced FDE involved the oral and genital mucosa, and presented with hyperpigmented macules and erosions in both cases.^{10,11} Sulfasalazine was confirmed to be the offending drug by oral provocation tests in 1 patient¹⁰ and patch testing in another patient.¹¹ However, mesalazine-induced FDE has not been reported to date.

Our report underscores how useful patch testing is for confirming the culprit drug involved in FDE. Consequently, proper counseling on treatment decisions could be achieved for this patient.

CONFLICTS OF INTEREST

None declared.

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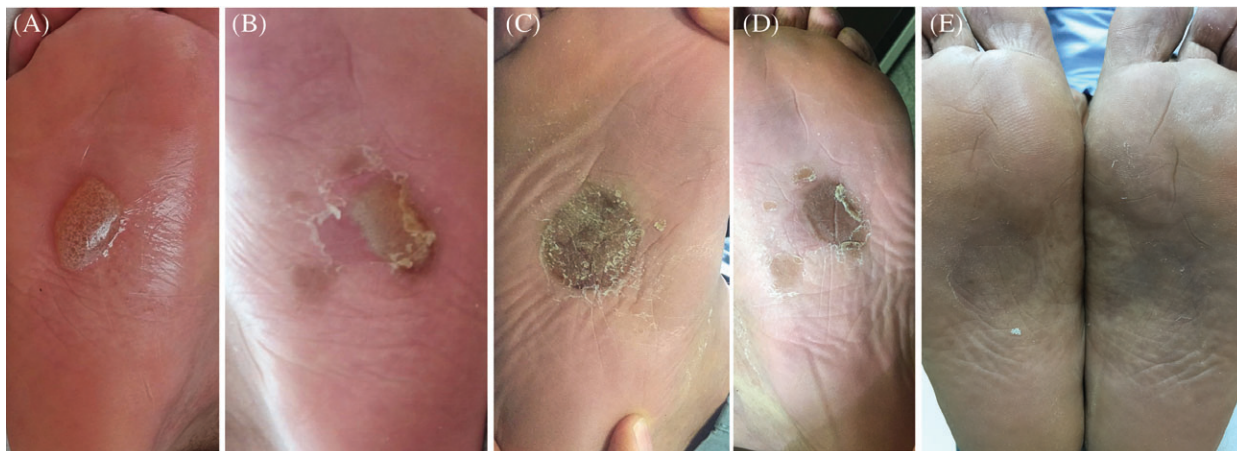


FIGURE 1 (A, B) Photographs taken by the patient showing symmetric bullous lesions on the plantar aspects of the feet. (C, D) Evolution of the lesions into hyperpigmented, scaly plaques. (E) Residual post-inflammatory hyperpigmentation

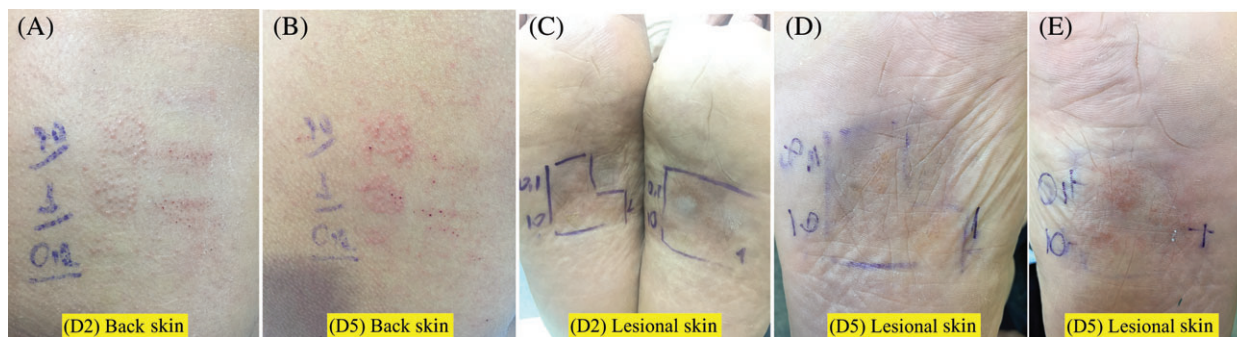


FIGURE 2 (A, B) Patch test readings: weak positive reactions on day (D) 2 and D5 on the upper back. (C–E) Strong positive reactions on the lesional skin on D2 and D5

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