

BRIEF REPORT

Pediatric Dermatology 1–2, 2011

SYMMETRICAL DRUG-RELATED INTERTRIGINOUS AND FLEXURAL EXANTHEMA (BABOON SYNDROME) INDUCED BY AMOXICILLIN-CLAVULANATE

Abstract: Systemic drug-related intertriginous and flexural exanthema (SDRIFE), also known as Baboon syndrome, is an uncommon, cutaneous reaction that occurs after the systemic administration of drug-related allergens. We report the case of a 5-year-old boy with SDRIFE after systemic administration of amoxicillin-clavulanate.

Systemic drug-related intertriginous and flexural exanthema (SDRIFE) is a drug-related eruption that typically involves the intertriginous or flexural folds and gluteal areas (1). SDRIFE is most commonly observed after exposure to beta-lactam antibiotics, such as penicillins and cephalosporins, with amoxicillin being implicated in the majority of cases (2–4). We observed a patient who developed SDRIFE after systemic administration of amoxicillin-clavulanate.

CASE REPORT

A 5-year-old boy was referred because of an erythematous pruritic eruption of 3 days duration. He had developed an acute, pruritic eruption affecting the anogenital area 2 days after starting oral amoxicillin-clavulanate for acute otitis media. The lesions began to desquamate 1 day after their onset. Previous medical history was remarkable for having had the same rash

after oral intake of amoxicillin-clavulanate 2 years previously. He had macular erythematous patches and desquamation affecting the anogenital area and outer side of the left thigh (Fig. 1). Other system examinations were normal.

His complete blood count and liver and renal function tests were normal. Radioallergosorbent tests to amoxicillin were negative. A biopsy was not deemed necessary given the classic presentation of the patient's eruption. A diagnosis of SDRIFE was made, and the medication was discontinued. The eruption resolved 3 days after withdrawal of the medication. Skin prick and patch tests were negative for amoxicillin-clavulanate.

DISCUSSION

The term Baboon syndrome was first described in 1984 as systemic absorption of a contact allergen in individuals previously sensitized by topical exposure to the same allergen. This disease has been called by different names such as systemically induced allergic contact dermatitis, systemic contact dermatitis, drug-induced intertrigo, eczema rubrum, and paraptic eczema. Hausermann et al (4) proposed the term “symmetrical drug related intertriginous and flexural exanthema” in 2004.

It is a syndrome characterized by a sharply delineated erythema of the perigenital and perianal area and is associated with the appearance in the large folds, such as the elbows, the axilla, and the knees, of macules and papules. The reaction may later result in considerable desquamation. SDRIFE appears any time from hours to days after exposure to the offending agent and may affect patients at any age (3,5).

The exact mechanism of SDRIFE remains unknown but is thought to result from a type IV delayed hypersensitivity immune response (4).

Candidal intertrigo and allergic contact dermatitis to textiles should also be considered in the differential



Figure 1. Erythema and desquamation in the anogenital and groin areas.

DOI: 10.1111/j.1525-1470.2011.01577.x

diagnosis of flexural eruptions. Eczematous and edematous plaques can be seen with dye dermatitis, whereas Candidal intertrigo produces deep, beefy red lesions with characteristic satellite vesicopustules outside the border of the primary lesion. In our patient, there were no satellite lesions or eczematous plaques, and there was erythema on flexural regions with the drug intake.

Systemic drug-related intertriginous and flexural exanthema (SDRIFE) is a self-limiting disease and treatment is of symptoms. Topical or systemic glucocorticoids may accelerate recovery. Avoidance of the systemic administration of precipitating drugs or allergens is recommended. Although SDRIFE is rare in children, it should be considered with flexural eruptions, especially those who have received any medication.

ACKNOWLEDGMENT

We would like to thank Martine Davide Morelli for his assistance in editing the English language.

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