

Generalized urticaria to fusidic acid

P. Bobadilla-González*, J. M. García-Menaya,
C. Cordobés-Durán, I. Pérez-Rangel,
S. Sánchez-Vega

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Fusidic acid, a steroidal, bacteriostatic antibiotic obtained from the fungus *Fusidium coccineum* is used as oral, intravenous and topical applications for *Staphylococcus* and *Streptococcus* infections. However, it is preferentially used as a topical preparation. After many years of use, the most common effects reported for fusidic acid are minor and relate to the gastrointestinal tract. Hepatotoxicity was reported in some cases. It was reversible and mainly associated with intravenous administration (1). Skin reactions are uncommon. Few cases on allergic contact dermatitis have been reported (2–5). Most such cases have underlying stasis dermatitis or atopic dermatitis (4, 5). A case of cutaneous rash has been published (6).

A 22-year-old woman, without previous history of atopy or drug allergy was treated with cloxacilin for an inguinal furuncle. After 2 months, this therapy was stopped and a new treatment with

We present a case of urticaria to fusidic acid not previously described diagnosed by oral provocation.

local and oral (500 mg/day) fusidic acid was started. The patient did not remember previous contact with this drug. Ten days later, about 3–4 h after receiving the last oral dose of fusidic acid, she suffered generalized pruritus and hives in dorsum and palms of hands, trunk and neck. After treatment in the emergency room with methylprednisolone and dexchlorpheniramine, she progressively improved.

Skin prick tests were performed with common allergens (mites, pollens, moulds and epithelia) and food (egg, milk cereals, nuts, fish, fruits, meats, molluscs, crustaceans and vegetables) of commercial origin with negative results. Prick test with 250 mg/ml fusidic acid was negative. Open patch test with Fucidine® was negative and patch test with Fucidine® (2% fusidic acid in lanolin and petrolatum) was also negative at days 2 and 4. We performed oral controlled provocation test with 125, 125 and 250 mg of fusidic acid with intervals of 30 min. One hour after the last dose, the patient presented hives in her left forearm, trunk and neck.

We present a case of a generalized urticaria after using local and oral fusidic acid for 10 days. In this young woman, the only valid diagnostic test has been oral provocation test because prick and patch test were negative. We do not know the pathomechanisms of this reaction because cutaneous tests were negative and we do not know the possible implication of using fusidic acid both oral and topically. Skin reactions to fusidic acid have been rarely described. Our patient did not have underlying stasis dermatitis or atopic dermatitis as in most of the cases published earlier. To the best of our knowledge, this is the first case reporting

generalized urticaria after using simultaneous oral and topical fusidic acid and we have realized the diagnosis by oral controlled provocation. Further investigation is needed to elucidate the hypersensitivity mechanism underlying this rare reaction.

*Allergy Department
Hospital Infanta Cristina
Badajoz
Spain and Caser Polyclinic
Badajoz
Spain
Tel.: 924218100
Fax: 924218110
E-mail: pbg01ba@saludalia.com

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