

Short Communication

Chronic actinic dermatitis due to simvastatin

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Key words: photosensitivity; simvastatin; chronic actinic dermatitis; actinic reticuloid; medicaments; drug reactions; lipid-lowering drugs. © Munksgaard, 1998.

Simvastatin is a potent lipid-lowering drug derived from lavastatine (1). After absorption, it is hydrolyzed in the liver and forms various active metabolites.

Case Report

A 66-year-old man had persistent photosensitivity of more than 1 year duration. Examination showed eczematoid lichenified plaques on exposed skin of the face, neck and dorsum of hands, sparing the non-exposed areas below the chin and behind the ears. Histopathologic study showed a superficial lymphocytic infiltrate, with the presence of large lymphoid cells with hyperchromatic irregular nuclei and focal epidermotropism in a pseudolymphomatous T pattern. The patient reported intermittent treatment with simvastatin (Zocor®), the last period having been for 1 month, 7 months before attending our clinic. The clinical picture was interpreted as persistent photodermatitis.

The UVB-MED (minimal erythema dose) was tested with the Osram Ultra-Vitalux as light source, giving a value of 1' 24'' (MED control 1'58''). Photopatch testing was performed using Finn Chambers® with the GEF (Grupo Español de Fotobiología) standard series, exposing 1 set to UVA at a dose of 10 J/cm², with an irradiance of 5 mW/cm², using a PUVA-180 (Herbert Waldmann Schwennigen, Germany). Photopatch testing was negative, but the patient developed an eczematoid reaction on the irradiated area with concomitant worsening of his photodermatitis. Phototesting was performed again after administering the drug for 5 days, showing a striking diminution of the MED to 42''. The aforementioned data strongly support systemic photosensitivity to simvastatin, and the patient was treated with systemic corticosteroids and PUVA therapy. After 4 months and a cumulative UVA dose of 510 J/cm², the patient was asymptomatic and the MED-UVB was normalized. Photopatch testing with simvastatin 2% pet. was carried out with MED-UVB dose (1' 24'') and subMED (1'), producing erythema on the irradiated area 24 h after irradiation.

Discussion

Actinic reticuloid was described by Ive et al. (2) in 1969. Hawk & Magnus (3) postulated that this entity should be included within chronic actinic dermatitis (CAD). More recently, Norris & Hawk (4) defined CAD on the basis of clinical, photobiologic and histologic criteria. Photobiologically, it is a requisite that photosensitivity persists for more than 3 months after discontinuing the implicated drug; this is critical for differentiation of transitory light reaction. In our patient, 7 months after discontinuing the drug, we could still demonstrate an increased sensitivity to UVB, extending to UVA, since with the usual photopatch test dose (10 J/cm²), a dermatitis exceeding the irradiated area occurred. Morimoto et al. (5) reported the 1st case of systemic photosensitivity to simvastatin with a positive photopatch test. We could not find another case of photosensitivity to simvastatin in the literature reviewed. The clinical, histopathologic and photobiologic features meet the criteria for actinic reticuloid/CAD due to systemic photosensitivity to simvastatin.

References

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