

Fixed drug eruption caused by cyproterone acetate

CYPROTERONE acetate (CPA) is an antiandrogen drug that inhibits the action of endogenous and exogenous androgens in all androgen target organs. The indications are prostate cancer, androgen-induced disorders of the skin (acne, seborrhea, hirsutism, alopecia), precocious puberty, and sexual disorders in men (1). To our knowledge, this is the first fixed drug eruption (FDE) due to CPA reported in the literature.

■ A 21-year-old woman, 2 months after taking Diane® (CPA plus ethinyloestradiol) and Androcur® (CPA) to treat hirsutism, showed large, brown, pruriginous, macular lesions on both flanks of the abdomen and on the chest. The macules disappeared spontaneously 1 month after the withdrawal of the drugs, with a mild superficial desquamation without hyperpigmentation. Six months later, the patient again took both drugs, and the same lesions reappeared on the same sites after 10 days of treatment. The drugs were withdrawn, and the lesions clarified, but residual brown hyperpigmentation remained for 6 months. Because of her hirsutism, she started treatment with flutamide (a nonsteroidal antiandrogen). This drug was not tolerated, because headache and nausea appeared.

Patch tests performed on affected and unaffected skin with Androcur, Diane, and CPA at 5% in petrolatum and water were negative.

A single-blind oral challenge with the excipients of Androcur, kindly supplied by Schering España SA (manufacturer of Androcur), was performed. The patient received a daily dose on days 5–14 of her menstrual cycle without adverse effects. In the next menstrual cycle, a daily pill of Androcur was administered on days 5–14. Two days after she had

finished that treatment, the pruriginous FDE flared up again on the same sites.

■ CPA is effective in treatment of hirsutism. It is generally well tolerated and adverse effects are mild and transient. Tiredness, lack of drive, listlessness, depressive moods, and gynecomastia have been reported (1). To the best of our knowledge, no case report of FDE from this drug has been published.

The term "FDE" denotes a lesion of the skin or mucous membranes that occurs with administration of a drug, subsides when the drug is withdrawn, and recurs at the same location when the drug is reintroduced. As the lesion resolves, residual hyperpigmentation remains (2). Our patient had classic FDE while taking CPA, which resolved with residual hyperpigmentation when the drug was withdrawn and recurred in the same location when it was readministered. Androcur excipients are excluded as causative agents because the patient took them with good tolerance.

For diagnosis of FDE, patch tests on previously affected skin have given variable results, while no reaction appeared on unaffected skin. Topical provocation at the site of old lesions achieves good results. Nevertheless, in several cases, to identify the causative drug it has been necessary to perform an oral provocation test with the suspected drugs (3). In our patient, patch tests with Androcur, Diane, and CPA in affected and unaffected skin were negative. The diagnosis of FDE due to CPA was confirmed after oral intake of the drug.

Key words: androgen antagonists; cyproterone acetate; drug allergy; fixed drug eruption.

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