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Commentary

Hyperpigmented Fixed Drug Eruptions of Common Skin Disorders

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DESCRIPTION

Cutaneous Adverse Drug Reactions (CADR), also known as toxicosis, are cutaneous manifestations resulting from systemic drug administration. These reactions range from mild erythematous skin lesions to more severe reactions such as Lyell's syndrome. They represent a heterogeneous field containing diverse clinical patterns with no specific function indicative of drug causality. This activity describes the assessment and management of cutaneous adverse drug reactions and the role of professional teams in the management of patients with this condition. Drug reactions are skin conditions such as itching, tenderness, rashes, and blisters that occur when the body reacts negatively to a drug. Another name for this is "drug hypersensitivity". This is because the body is believed to be overly sensitive to the drug. Drug eruptions are the body's reactions to certain drugs. The type of rash depends on the drug that caused the rash and how a person reacted. Medications are associated with all kinds of rashes, ranging from mild to life-threatening. The timing of a rash also varies. It can occur soon or several weeks after the first start of the drug.

In medicine, drug eruptions are the skin's side effects. Most drug-induced skin reactions are mild and resolve when the offending drug is stopped. Many drugs can cause reactions, especially antibiotics, sulfa drugs, NSAIDs, chemotherapy drugs, anticonvulsants, and psychotropic drugs. Drug eruptions can mimic a variety of other skin conditions and should be considered in all patients who are taking or changing medications. A drug rash usually begins within 2 weeks of starting a new drug, or within a few days of re-exposure to certain drugs. Itching is the most common symptom. Drug eruption occurs in about 2%-5% of hospitalized patients and more than 1% of outpatients. Drug eruption side effects are more common in women, the elderly and immunocompromised patients. Drug eruptions have a wide range of morphologic features, but most patients present with generalized exanthematous or measles-like eruptions.

Several mechanisms are involved in the variability of drug response. These can be grouped into two general categories: Immunology and non-immunology. Most (75%-80%) of adverse drug reactions are secondary to predictable non-immunological effects, whereas the remaining (20%-25%) are caused by unpredictable effects and some of them may be immune-mediated. Only 5%-10% of all adverse drug reactions are immune-mediated. Immune-mediated reactions most commonly consist of immediate or delayed immunological mechanisms mediated by cellular or humoral immune responses. Drug reaction with hypereosinophilia and systemic symptoms, also known as drug-induced hypersensitivity syndrome, is characterized by a delayed rash 2-6 weeks after starting medication. The rash is non-specific and usually presents as itchy macular papules or febrile erythroderma. 30% of cases are associated with infiltrative facial edema.

The most serious and life-threatening drug eruptions include erythema multiform, Stevens-Johnson syndrome (SJS), Toxic Epidermal Necrolysis (TEN), hypersensitivity vasculitis, Drug-Induced Hypersensitivity Syndrome (DIHS), dermatoses, Acute Generalized Exanthematous Pustulosis (AGEP). These severe cutaneous drug eruptions are classified as hypersensitivity reactions and are immune-mediated. Fixed drug eruptions may account for up to 16%-21% of all cutaneous drug eruptions. Drug eruptions can mimic a wide range of skin diseases. The forms are numerous and include morbilliform. Fixed drug eruptions usually appear as solitary, erythematous, bright red or dim patches that may progress to edematous plaques or bullous lesions. They appear within 24 hours after taking the drug or they can develop within a few days and is often painful.

Any drug can cause a rash, but certain classes of drugs are notorious for causing reactions including antiepileptic drugs. Drug eruptions are usually symmetrical. That means it looks the same on both sides of the body. FDE usually develops within 30 minutes to 8 hours after drug exposure, but may take up to 2 weeks for it to develop. Lesions usually last for days to weeks before resolving on their own. As the FDE begins to heal, the lesions become crusted, scaly, and fade to purple or dark brown. Fixed Drug Eruption (FDE) is a specific type of drug eruption that presents as itchy, well-demarcated, round or oval, erythematous patches or edematous plaques that can be re-exposure to the drug. Occasionally, it recurs characteristically at the same site. They usually resolve spontaneously with hyperpigmentation.

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