Print ISSN: 2319-2003 | Online ISSN: 2279-0780

IJBCP International Journal of Basic & Clinical Pharmacology

doi: 10.5455/2319-2003.ijbcp20130319

Case Report

Aspirin induced fixed drug eruptions: a case report

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Received: 29 January 2013
Accepted: 19 March 2013

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ABSTRACT

Fixed drug eruptions are common cutaneous adverse drug reactions, commonly caused by anticonvulsants, antibiotics and analgesics. Here, we report a case of a 27-year-old male of fixed drug eruptions due to Aspirin which was used in treatment of headache.

Keywords: Adverse drug reaction, Aspirin, Drug eruption

INTRODUCTION

Drugs which are commonly used in modern medicine for suppression of pain and inflammation are non-steroidal anti-inflammatory drugs and corticosteroids. Aspirin, one of the commonly used non-steroidal anti-inflammatory drugs, is probably the most highly consumed pharmaceutical product in the world. Now days, aspirin has gained more importance not only as an analgesic but also as a cardio-protective drug because Aspirin is an important and inexpensive medication for secondary prevention from atherosclerotic events. However, the use of aspirin is associated with many adverse effects on multiple organ systems. Aspirin is known to cause GI tract erosion resulting in occult bleeding.[1] Other important adverse effects are cutaneous type of hypersensitivity reactions, Reye's syndrome, acidosis, etc.[2] This is a case of Aspirin induced fixed drug eruptions in a 27-year-old male.

CASE REPORT

A 27-year-old male presented to the skin OPD with a history of rash since one day. These rashes were associated with burning and itching. A complete history was taken which revealed that he had taken drug (two Aspirin 350 mg tablets one by one within eight hours) one day back which was followed by itching with rash in next morning. On examination, 5-6 ulcerative, hyperpigmented lesions with erythematous border were found on both lower limbs (Figure 1).

Figure 1: hyperpigmented lesions with erythematous border on lower limb.

One day prior to this, he had symptoms of headache for which he had taken these tablets from medical store. There was a history of similar lesions in the past due to aspirin, diclofenac and ibuprofen. No involvement of the

upper extremity and face were present. All routine blood investigations were within normal limits. The causality assessment (score=7)[5] was carried out using the Naranjo ADR probability scale. A diagnosis of FDE to Aspirin was made and the patient was instructed not to take same drug again. The treatment was started with antihistaminic and local treatment of wound. There was complete recovery of the patient from skin lesion within ten days.

DISCUSSION

Most common drugs causing FDE are sulfonamides, amoxicillin, tetracyclines, salicylates, barbiturates, doxycycline, erythromycin, fluconazole, clarithromycin etc.[3,4] In the present case report, the patient presented with FDE immediately after oral administration of Aspirin and completely cured after stopping the drug. According to the Naranjo ADR probability scale (score= 7),[5] this ADR is categorized as a 'probable' reaction to the drug. The causality assessment was done as follows: There are previous conclusive events of this type of reaction (score +1); lesions developed following Aspirin administration and the patient was apparently normal before the intake of drug (score +2); the condition improved within 2 days of discontinuation of Aspirin (score +1); the differential diagnosis of viral fever or any underlying systemic condition with similar manifestations were ruled out (score +2); there was a history of similar lesions by such type of drug in past (score +1). Based on the total score of +7, the patient was categorized as 'probable' adverse reaction due to Aspirin administration.

Therefore, this case illustrates common and clinically important cutaneous drug reaction of Aspirin, commonly prescribed analgesic. Hence, physicians should prescribe paracetamol like analgesics in this type of aspirin sensitive cases.

Funding: No funding sources
Competing interests: No competing interests
Ethical approval: Not required

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doi:10.5455/2319-2003.ijbcp20130319
Cite this article as: Bhosale RR, Bodke PS, Ghadlinge MS, Chandane RD. Aspirin induced fixed drug eruptions: a case report. Int J Basic Clin Pharmacol 2013;2:220-1.