

## SHORT REPORT

# Fixed drug eruption due to ibuprofen

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### ABSTRACT

Fixed drug eruptions due to ibuprofen have rarely been described. Two days after treatment with ibuprofen, a 61-year-old woman developed erythema and pain affecting the tongue and oral mucosa. Two months later, the patient started ibuprofen and erythromycin for a catarrhal episode with reappearance of the same lesions in the oral mucosa 24 hours later. Furthermore, two new erythematous-violaceous maculae developed. Topical challenge through an occluded patch test with ibuprofen 5 % on the residual cutaneous lesion was positive. We present an unusual case of fixed drug eruption due to ibuprofen.

**Key words:** Drug allergy. Fixed drug eruption. Ibuprofen. Nonsteroid anti-inflammatory drugs. Patch test.

### INTRODUCTION

Ibuprofen is a NSAID drug belonging to the arilpropionic group. Skin reactions to ibuprofen include urticaria, angioedema, contact dermatitis, and photosensitivity<sup>1-3</sup>. FDE due to ibuprofen has been rarely described.

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### MATERIALS AND METHODS

A 61-year-old woman, without allergic history. Two days after treatment with ibuprofen and erythromycin, for a dental infection, she presented erythema and pain affecting her tongue and oral mucosa with an oral bullous lesion in palatine mucosa. Drugs were discontinued and lesions resolve in two weeks with oral corticosteroids. Two months later, for a catarrhal episode, she started treatment with ibuprofen and erythromycin. 24 hours later the same lesions in oral mucosa reappeared and furthermore, two new erythematous-violaceous maculae of 3 cm of diameter developed in thorax and thigh that evolved to blisters, and remained for two weeks, leaving a residual hyperpigmentation.

### RESULTS

Topical challenged by occluded patch test with ibuprofen 5 % (Solvium gel<sup>®</sup> Chefaro, Spain) and erythromycin (0.5 % in petrolatum) on residual cutaneous lesion, resulted positive with ibuprofen eliciting 24 hours later an erythematous-violaceous lesion (2 × 1.5 cm). Single blind oral challenged test with erythromycin was negative.

### DISCUSSION

There are many reports of FDE caused by NSAID, mainly pirazolones, oxicams or aspirin, but FDE due to ibuprofen has been exceptionally described.

Kanwar et al<sup>3</sup> analysed 98 cases of FDE who were subjected to oral provocation test. In only 6 of them ibuprofen was confirmed as the responsible drug. Diaz Jara et al reported one case of FDE due to ibuprofen confirmed by oral challenge test with a

positive patch test on affected skin with ibuprofen 5 % in a 5-year-old boy treated for infection of respiratory tract with ibuprofen suspension<sup>4</sup>. Khalid Al Aboud et al described a case of a father and his son, both with recurrent episodes of FDE due to ibuprofen. The diagnosis was made by clinical evaluation of cutaneous lesions and confirmed by skin biopsy.

We present an unusual case of FDE to ibuprofen. This is the second case reported diagnosed by positive epicutaneous test on residual lesion. In our case, patch test with a commercial topical ibuprofen drug was useful for diagnosis.

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