Perianal Fixed Drug Eruption Mimicking Herpes Infection Due to Ibuprofen- A Rare Case Report

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Abstract:
The fixed drug eruption (FDE) is a special form of drug induced dermatological disorder characterized by development of erythematous or pigmented patches. We are presenting a very rare case of FDE mimicking perianal herpes. A 45 years old man presented with herpetiform perianal ulcers with history of multiple episodes of similar painful perianal ulceration for the last 3 years. There was no history of exposure to multiple sexual partners. The Tzanck’s smear and herpes serology was negative. There was a temporal relationship between Ibuprofen intake and development of lesions. The oral provocation test was in favour of FDE secondary to Ibuprofen.

There are very few case reports of herpetiform FDE. So far in our knowledge this is the first case report of FDE mimicking the perianal herpes from India. So FDE should be considered in the cases of treatment nonresponsive herpes lesions.

Keywords: - FDE, Herpes, Fixed drug eruption

Introduction

The fixed drug eruption is a drug induced dermatological disorder characterized by development of erythematous or pigmented patches. The other presentations of FDE includes cellulitis, linear, nonpigmented, oral, psoriasiform, urticarial and wandering morphology.1-8 It occurs as a result of allergy to the drug. The precise immune mechanism for FDE is uncertain but it has been suggested that FDE is due to a delayed typical type four hypersensitivity reaction. The CD8+ T cells are the main immune cells involved in this drug induced immune mediated cytotoxic skin reaction leading to basal cell damage.9,10,11 We are presenting a special case of FDE mimicking perianal herpes.

Case History

A 45 years old man presented with multiple episodes of painful perianal ulceration for the last 3 years. There was no history of exposure to multiple sexual partners. There was no history of immunosuppression and underlying systemic diseases. Initially we made the clinical diagnosis of herpes infection and hence initiated him on acyclovir with which he had no improvement. As the tzanck’s smear of lesions was inconclusive at the time presentation and the serology for both the types of herpes simplex virus was negative so we took the history again and we found that there was a temporal relationship with intake of Ibuprofen. The patient did not give the permission for biopsy, hence it was cancelled. We treated him with topical mid potent steroid cream with which there was a complete resolution of lesions in 5 days. After three months of resolution of lesions we conducted the oral provocation test after informed consent. That was positive so it confirmed the diagnosis of FDE to Ibuprofen. So he was warned to avoid usage of Ibuprofen in the future.

Discussion

There are very few case reports of herpetiform FDE.12,13 So far in our knowledge this is the first case report of FDE mimicking the perianal herpes from India . Therefore it is imperative to note that in cases of recurrent herpetiform lesions not responding to antiviral, FDE should be considered as differential diagnosis. The management of both the conditions is different and hence should be differentiated in the initial stage by careful history.
Bibliography


