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ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

AMLODIPINE INDUCED DRUG ERUPTION MIMICKING MYCOSIS FUNGOIDES

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Background: Calcium channel blockers (CCBs) are frequently used to treat cardiovascular diseases such as hypertension. Amlodipine is a dihydropyridine-derived selective calcium-channel blocker that inhibits the transmembrane influx of calcium ions into cardiac and vascular smooth muscle. Both allergic and non-allergic adverse drug reactions (ADRs) have been reported, such as flushing, gingival hyperplasia, gynaecomastia and also cutaneous ADRs. Serious adverse events such as anaphylaxis, Steven-Johnson syndrome (SJS), and toxic epidermal necrolysis (TEN) have occasionally been reported.

Observation: A 73-year-old male patient presented with red-brown rash on trunk, legs, and feet for 8 months. On the dermatologic examination, sharp limited, brown-erythematous plaques ranging in diameter from 2 to 10 cm were seen. The patient explained that he had hypertension and an aortic aneurysm operation. He was taking amlodipine as antihypertensive drug for 9 months. On histopathological examination, there was orthokeratosis on surface, focal parakeratosis on epidermis, diffuse basal cell vacuolization and rare single cell keratinization. Perivascular edema and lymphohistiocytic infiltration were observed in dermis. The patient was diagnosed as drug eruption in the presence of clinical and histopathological findings. Amlodipine, which suspicious drug, was changed to another antihipertensive drug by cardiology department.

Key message: Previous studies of ADRs associated with antihypertensive drugs have shown that CCBs were the most common cause of ADRs, followed by diuretics and beta-blockers. Despite enrolling many patients who received, CCBs, only a few of them developed cutaneous adverse reactions. Mycosis fungoides can interfere with many diseases both clinically and histopathologically. We wanted to present a case of drug eruption due to amlodipine mimicking mycosis fungoides with clinically.





