



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

FIXED PIGMENTED ERYTHEMA: CASE REPORT

Thaís De Freitas Peraro⁽¹⁾ - Luana Rocco Pereira Copi⁽²⁾ - Adriana Cristina Caldas⁽³⁾

Faceres, Medical Student, São José Do Rio Preto, Brazil⁽¹⁾ - Faceres, Dermatology, São José Do Rio Preto, Brazil⁽²⁾ - Famerp, Dermatology, São José Do Rio Preto, Brazil⁽³⁾

Background: Patient L.O.J., male, 42 years old, sought medical service complaining of a little itchy erythematous spot in the right supraclavicular region, with a sudden onset 2 months earlier. History of use of ibuprofen before the onset of the condition. Physical examination showed an erythematous macula with a more violaceous center, a discrete glow, a regular 1.8 cm extension. Dermatoscopy was performed with DermLite GL3N, a 10x magnification, in which glomerular vessels arranged linearly on a pinkish-reddish background were visualized. The hypotheses were: cutaneous B-cell pseudolymphoma, localized scleroderma, sarcoidosis and fixed pigment erythema. For diagnostic confirmation, an incisional biopsy was performed that identified vacuolar interface dermatitis compatible with the diagnosis of Fixed Pigmented Erythema.

Observation: Anti-inflammatories are the medications most commonly involved with Fixed Pigmented Erythema, so previous use of Ibuprofen corroborated this clinical hypothesis. The histopathology of Fixed Pigmented Erythema is marked by a lichenoid reaction pattern with prominent vacuolar alteration and inflammatory infiltration that tends to obscure the dermoepidermal interface and is compatible with the patient's biopsy. For the dermatoscopic evaluation of non-pigmented lesions, vascular structures are of paramount importance, taking into consideration the morphology and arrangement of vessels for definitive diagnosis. In this case, the absence of melanin pigmentation in the lesion can be explained by the low phototype of the patient, short time of exposure to medication and evolution.

Key message: Fixed Pigmented Erythema is a clinical manifestation of pharmacodermia, characterized by the appearance of erythematous lesions that become brownish. In general, they reappear in the same places and tend to disappear. It does not affect specific age group and occurs more commonly in palmar, plantar and mucous region. The diagnosis is made clinically, although biopsy can be performed for confirmation. The treatment consists in stopping the causative drug.

