



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

## GENITAL INVOLVEMENT IN BULLOUS FIXED DRUG ERUPTION

*A Zaouak<sup>(1)</sup> - I Chabchoub<sup>(1)</sup> - H Hammami<sup>(1)</sup> - S Ben Jannet<sup>(1)</sup> - S Fenniche<sup>(1)</sup>*

*Habib Thameur Hospital, Department Of Dermatology, Habib Thameur Hospital, Tunis, Tunisia<sup>(1)</sup>*

**Introduction:** Bullous fixed drug eruption (FDE) is a severe adverse drug reaction due to drug intake and requires specific management in dermatology. It can appear on different parts of the body. The sites of predilection are lips, trunk, genitalia and perineal area.

**Objective:** The aim of our study was to assess the clinical features and outcome of bullous FDE with genital involvement.

**Material and methods:** A retrospective study of 18 years (2000-2017) was conducted in the dermatology department of Habib Thameur hospital including patients diagnosed with bullous FDE with genital involvement.

**Results:** Ten patients were included in the study. The ratio of men to women was 4. The mean age was 46,3 years old (from 2 to 82 years old). Bullous FDE involved skin and mucosa in 7 patients and only genital mucosa in 3 patients. The most frequently affected genital site in men was the glans penis and the vulva in women. The causative drugs were identified and confirmed by a pharmaco-vigilance investigation and a patch testing. Non-steroidal anti-inflammatory drugs were the most frequently drug associated with genital bullous FDE, followed by paracetamol and Trimethoprim-Sulfamethoxazole. Five patients were treated by topical corticosteroids and the 5 other patients were treated with both oral and topical corticosteroids. Complete healing of the genital erosions was achieved after an average of 7 days without leaving a residual hyperpigmentation.

**Conclusions:** Genital involvement in bullous FDE is frequent in male patients. It could be the unique presentation of the disease and may be easily misdiagnosed with autoimmune bullous dermatosis and sexually transmitted diseases, leading to a frequent delay in the diagnosis. Hence, a careful drug intake history should be pursued to assess a correct diagnosis.

