Background: Cutaneous skin reactions occur in approximately 2 percent of patients taking drugs. Fixed drug eruption (FDE) is a distinctive type of cutaneous drug reaction that characteristically recurs at the same site upon reexposure to the offending agent. The lesions consist of erythematous to violaceous well-defined circular patches with or without vesiculation. The number varies from one to few patches that most commonly affect the face, the extremities and genitalia but any site may be involved. The average lag period between drug intake and appearance of eruption is 2 days. The diagnosis is usually clinical. Several drugs may induce FDE, including sulfonamides, tetracyclines non-steroidal anti-inflammatory drugs, nonopioid analgesics and anticonvulsant agents. However, only few cases of quinolone-induced FDE have been reported in the literature. Quinolones implicated in these cases were ciprofloxacin, ofloxacin and norfloxacin. Fixed drug eruption due to levofloxacin was reported in only 3 previous cases.

Observation: A 52-year-old gentleman, with a long history of mild psoriasis, was prescribed levofloxacin 500 mg per day for bronchitis. After 3 days, the patient developed two erythematous patches with vesicles on the lower lip and one similar lesion on the glans. Oral involvement of palatal arch was also noted. Two days later, the lesions became hyperpigmented. This history was compatible with the diagnosis of FDE. Levofloxacin was stopped and he was prescribed a combination of oral corticosteroid and antihistamine. One week later, skin lesions faded, leaving residual hyperpigmentation.

Key message: We report a rare case of fixed drug eruption to levofloxacin.