



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

SINGLE LOCALIZATION OF FIXED DRUG ERUPTION ON THE EYELID : AN UNUSUAL PRESENTATION FOR A CLASSIC DIAGNOSIS.

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Background: fixed drug eruption is characterized by the occurrence of recurrent erythematous plaques with suggestive pigmented evolution. It commonly affects the trunk or the face. Isolated palpebral involvement is a rare localization which has been poorly described.

Observation: A 23-year-old woman with a history of chronic dysmenorrhea requiring frequent use of NSAIDs, presented for a pigmented upper left eyelid spot that appeared two weeks earlier. The notion of taking Piroxicam in self-medication was found 3 days before the installation of an erythematous and painful lesion of the left upper eyelid evolving towards a pigmented spot. A photo taken by the patient revealed the presence of a rounded, well-defined erythematous plaque surmounted by vesicles. The diagnosis of fixed drug eruption with Piroxicam was made on the basis of clinical and chronological arguments. Treatment included avoidance of Piroxicam and other NSAIDs, and an exploration of her dysmenorrhea by a gynecologist.

Key message: NSAIDs are frequently incriminated in fixed drug eruptions, especially oxicams. Single or multiple lesions are variable topography, cutaneous and / or mucous, and often predominate in the face and trunk. The association of a specific localization to a particular drug has not been yet established and remains controversial. The isolated involvement of the eyelid is not very evocative. The vesicles observed in our patient could be explained by the anatomical particularities of the eyelid, especially by the small thickness of the integument. The risk of bullous evolution in case of reintroduction of the causative drug and the aesthetic sequelae, emphasizes the necessity for dermatologists and ophthalmologists to be familiar with this localization to evoke the diagnosis in front of a pigmented lesion of the eyelid.

