



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

UNILATERAL VANCOMYCIN-INDUCED LINEAR IGA BULLOUS DERMATOSIS: A CASE REPORT

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Background: Vancomycin is a widely used antibiotic associated with a common risk of a rare autoimmune disease: linear IgA bullous dermatosis (LAD). Herein, we reported the first case of vancomycin-induced LAD (VILAD) with unilateral onset.

Observation: A 77-year-old man with a medical history of coronary disease was admitted for infective endocarditis (IE). He was treated with VCM, gentamicin, and ampicillin. Twenty days later, the patient developed multiple tense bullous lesions on an erythematous base and some erosion, involving his left side: neck, trunk, wrist and thigh. Nikolsky sign was negative. No mucosal involvement was noted. We suspected drug eruption. So, we discontinued all the drugs other than VCM because the IE had not yet been adequately controlled. New lesions appeared leading to the withdrawal of vancomycin. Then, skin eruption improved rapidly without any treatment. A biopsy specimen confirmed the diagnosis of VILAD.

Key message: Drug induced LAD is characterized by significantly more atypical and severe forms than idiopathic forms: urticarial eruption, morbilliform rash, toxic epidermolysis necrosis, mimicking bullous pemphigoid, and erythema multiforme-like eruption. Furthermore, localized VILAD confined to the palms has been reported and at the infusion site of VCM caused by its extravasation in another case. To the best of our knowledge, this is the first unilateral VILAD reported. Our patient was bedridden at the same position for several days. Lesions predominated in pressure zone which can fit with a koebner phenomenon. Only three cases with skin lesions occurring at sites of trauma or friction have been reported. Trauma may generate an increase in blood flow locally, which attracts more auto-antibodies to the site of lesions. The most effective treatment of drug-induced LAD consists of cessation of the offending drug. It is important for dermatologists to be aware of





the heterogeneous clinical presentations of this life-threatening disease.

