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INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

ERYTHRODERMIC DRUG ERUPTION DUE TO WARFARIN

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Background: The cutaneous adverse effects of warfarin include ecchymosis, purpura due to an excessive anticoagulant effect, skin necrosis, vesiculobullous eruption, exanthem, and purple toe syndrome. The most severe complication, skin necrosis, is seen in approximately 0.01% to 0.1% of patients. Drug-induced erythroderma is mainly caused by carbamazepine, penicillin, and allopurinol, but erythroderma caused by warfarin is extremely rare.

Observation: A 57-year-old female patient presented with a 2-week history of erythematous morbilliform rash with scale erythroderma on the whole body. Aceclofenac and antibiotics including ceftriaxone and levofloxacin were used for the treatment of unknown fever for recent 1 month and warfarin was used for the treatment of pulmonary thromboembolism for recent 2 weeks. Histopathology of the skin lesion showed basal vacuolization on the basement membrane zone with lymphohistiocytic infiltration and direct immnunofluorence showed an apoptotic body with IgG deposition in the epidermis. Based on these findings, she was diagnosed as drug-induced erythroderma. Aceclofenac and antibiotics, suspected as the causative agents, were stopped. However, continued steroid treatment for several weeks did not improve the skin lesion on the whole body. On substitution of warfarin to aspirin, complete clearance of skin lesion was achieved at one month without steroid treatment.

Key message: Physicians tend to overlook warfarin as a causative agent of drug eruption because of its rarity; however, dermatologists should consider warfarin in cases of drug eruption like erythroderma.



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