



DERMATOPATHOLOGY

PATTERNS OF DRUG ERUPTION

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“Drugs can elicit any of the nine basic patterns of inflammatory diseases in the skin, and none of those patterns is specific for a drug eruption.” This was described by Dr. Ackerman in his book in 1997. It's true that drug can induce almost every pattern of inflammatory diseases and even the deposition disorders or neoplastic process. The drug reactions can be acute, subacute, and chronic conditions and may be very difficult to identify. There are many new drug-induced findings or patterns published every year.

It may not be possible to recognize every new pattern of drug eruption but it's important for dermatopathologists to be aware of drug reaction in certain conditions and how to make the diagnosis. In this lecture, we will summarize five conditions that we should think about drug-associated pathology and then introduce shortly about the diagnosis of drug reaction clinically.

The five conditions include pathology indicating a drug reaction, non-specific pathology but has specific clinical condition, typical pathological pattern but has atypical clinical presentation, presence of multiple pathological patterns, and atypical pathological findings with atypical clinical presentation.

The diagnosis of drug reaction requires careful clinical-pathological correlation. The complete drug history, clinical and pathological findings, Naranjo and ALDEN scores, rechallenge test, patch test, lymphocyte stimulation test, and genetic association study are helpful tools to confirm the diagnosis. New reactions and pathological patterns occur all the time. We should keep alert about the possibility of drug reaction when we see uncorrelated pathology and clinical information.

