

# Perianal Fixed Drug Eruption Mimicking Herpes Infection Due to Ibuprofen- A Rare Case Report

Rahul Kumar Sharma<sup>\*1</sup>, Taruna Singh<sup>2</sup>

Department of Dermatology, Venereology and Leprosy, GMCH Udaipur

Department of dermatology, Geetanjali medical college, Udaipur, Hiran magri Extn. Udaipur

## **Abstract:**

*The fixed drug eruption (FDE) is a special form of drug induced dermatological disorder characterized by development of erythematous or pigmented patches. We are presenting a very rare case of FDE mimicking perianal herpes. A 45 years old man presented with herpetiform perianal ulcers with history of multiple episodes of similar painful perianal ulceration for the last 3 years. There was no history of exposure to multiple sexual partners. The Tzanck's smear and herpes serology was negative. There was a temporal relationship between Ibuprofen intake and development of lesions. The oral provocation test was in favour of FDE secondary to Ibuprofen.*

*There are very few case reports of herpetiform FDE. So far in our knowledge this is the first case report of FDE mimicking the perianal herpes from India. So FDE should be considered in the cases of treatment nonresponsive herpes lesions.*

**Keywords:** - FDE, Herpes, Fixed drug eruption

## **Introduction**

The fixed drug eruption is a drug induced dermatological disorder characterized by development of erythematous or pigmented patches. The other presentations of FDE includes cellulitis, linear, nonpigmented, oral, psoriasiform, urticarial and wandering morphology.<sup>1-8</sup> It occurs as a result of allergy to the drug. The precise immune mechanism for FDE is uncertain but it has been suggested that FDE is due to a delayed typical type four hypersensitivity reaction. The CD8+ T cells are the main immune cells involved in this drug induced immune mediated cytotoxic skin reaction leading to basal cell damage.<sup>9,10,11</sup> We are presenting a special case of FDE mimicking perianal herpes.

## **Case History**

A 45 years old man presented with multiple episodes of painful perianal ulceration for the last 3 years. There was no history of exposure to multiple sexual partners. There was no history of immunosuppression and underlying systemic diseases. Initially we made the clinical diagnosis of herpes infection and hence initiated him on acyclovir with which he had no improvement. As the tzanck's smear of lesions was inconclusive at the time presentation and the serology for both the types of herpes simplex virus was negative so we took the history again and we found that there was a temporal relationship with intake of Ibuprofen. The patient did not give the permission for biopsy, hence it was cancelled. We treated him with topical mid potent steroid cream with which there was a complete resolution of lesions in 5 days. After three months of resolution of lesions we

conducted the oral provocation test after informed consent. That was positive so it confirmed the diagnosis of FDE to Ibuprofen. So he was warned to avoid usage of Ibuprofen in the future.

## **Discussion**

There are very few case reports of herpetiform FDE.<sup>12,13</sup> So far in our knowledge this is the first case report of FDE mimicking the perianal herpes from India. Therefore it is imperative to note that in cases of recurrent herpetiform lesions not responding to antiviral, FDE should be considered as differential diagnosis. The management of both the conditions is different and hence should be differentiated in the initial stage by careful history.



**Perianal fixed drug eruption mimicking Herpes Infection due to Ibuprofen**

**Bibliography**

- [1] Gupta S, Gupta S, Mittal A, David S. Oral fixed drug eruption caused by gabapentin. *J Eur Acad Dermatol Venereol*. 2009 Feb 19.
- [2] Katoulis AC, Bozi E, Kanelleas A, et al. Psoriasiform fixed drug eruption caused by nimesulide. *Clin Exp Dermatol*. 2009 Oct. 34(7):e360-1.
- [3] Srivastava R, Bihari M, Bhuvan J, Saad A. Fixed drug eruptions with intraoral presentation. *Indian J Dent*. 2015 Apr-Jun. 6 (2):103-6.
- [4] Fathallah N, Ben Salem C, Slim R, Bousofara L, Ghariani N, Bouraoui K. Acetaminophen-induced cellulitis-like fixed drug eruption. *Indian J Dermatol*. 2011 Mar. 56(2):206-8.
- [5] Mahboob A, Haroon TS. Drugs causing fixed eruptions: a study of 450 cases. *Int J Dermatol*. 1998 Nov. 37(11):833-8.
- [6] Ozkaya-Bayazit E. Specific site involvement in fixed drug eruption. *J Am Acad Dermatol*. 2003 Dec. 49(6):1003-7.
- [7] Ozkaya-Bayazit E, Bayazit H, Ozarmagan G. Drug related clinical pattern in fixed drug eruption. *Eur J Dermatol*. 2000 Jun. 10(4):288-91.
- [8] Fischer G. Vulvar fixed drug eruption. A report of 13 cases. *J Reprod Med*. 2007 Feb. 52(2):81-6.
- [9] Teraki Y, Shiohara T. IFN-gamma-producing effector CD8+ T cells and IL-10-producing regulatory CD4+ T cells in fixed drug eruption. *J Allergy Clin Immunol*. 2003 Sep. 112(3):609-15.
- [10] Mizukawa Y, Shiohara T. Fixed drug eruption: a prototypic disorder mediated by effector memory T cells. *Curr Allergy Asthma Rep*. 2009 Jan. 9(1):71-7.
- [11] Shiohara T. Fixed drug eruption: pathogenesis and diagnostic tests. *Curr Opin Allergy Clin Immunol*. 2009 Aug. 9(4):316-21.
- [12] Boyle J, Moul B. Fixed drug eruption masquerading as herpes simplex labialis. *BMJ* 1984; 289: 802.
- [13] Benedix F, Schilling M, Schaller M, Röcken M, Biedermann T. A young woman with recurrent vesicles on the lower lip: fixed drug eruption mimicking herpes simplex. *Acta Derm Venereol*. 2008; 88:491–494.