Acute generalised exanthematous pustulosis due to pristinamycin

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DESCRIPTION

A 56-year-old woman with a history of eczematis and autoimmune hypothyroidism presenting with superficial bacterial abscess located in the upper medial quadrant of the right breast. Pristinamycine (antistaphylococcal antibiotic available in France, the UK and Australia) was prescribed (1 g three time a day). A few hours after starting pristinamycin she presented chills and scraping. The day after widespread itching erythema appeared with superficial pustules localised on the fingers of her left hand, on popliteal hollows, and on the anterior face of the right tibia. At admission to the emergency room the day after, the erythema intensified and spread all over her body (figure 1), she had fever at 38.7°C, and hyperleukocytosis (19×10^9/l), eosinophilia (0.57×10^9/l) and elevated C reactive protein (219 mg/l) were found. Liver and kidney function tests did not reveal any abnormalities. Pristinamycin was discontinued and acute generalised exanthematous pustulosis (AGEP) was diagnosed.

AGEP is a pruritic eruption characterised by the sudden onset of numerous nonfollicular pinhead-sized sterile superficial pustules, based on erythematous skin.[1] Additional skin symptoms such as face oedema, purpura and mild unique mucous involvement may be associated.[1 2] AGEP is an infrequent adverse drug reaction, mainly owing to antimicrobials such as clindamycin, pristinamycin, amoxicilline-clavulanate and terbinafin.[1 2] Typically, with pristinamycin, AGEP occurred on the first day of treatment. The differential diagnosis included pustular psoriasis, IgA pemphigus, drug rash with eosinophilia and systemic symptoms and toxic epidermal necrosis.[1–3] During AGEP, stopping the offending drug is mandatory during AGEP, which allows resolving symptoms, most of the time without the need to use systemic administration of corticosteroids.

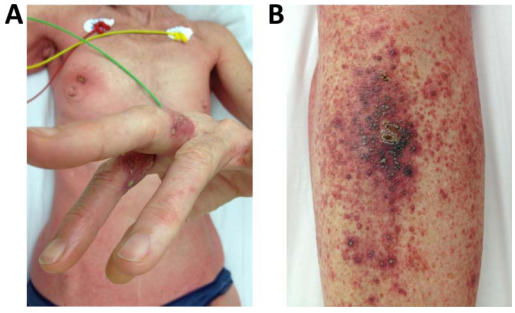

Figure 1 Diffuse eruption with non-follicular superficial pustules localised on the fingers of the left hand (A), and on the anterior face of the right tibia, based on erythematous and purpuric skin (B).

Learning points

Acute generalised exanthematous pustulosis is
- Mainly an adverse drug reaction due to antimicrobials.
- Characterised by the sudden onset of numerous non-follicular pinhead-sized sterile superficial pustules, based on pruritic erythematous skin.

Contributors All authors participated in the patient care, the literature review and the writing of the article.

Competing interests None.

Patient consent Obtained.

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REFERENCES

1 Roujeau JC, Bioulac-Sage P, Bourseau C, *et al*. Acute generalized exanthematous pustulosis. Analysis of 63 cases. *Arch Dermatol* 1991;127:1333–8.
2 Sidoroff A, Dunant A, Viboud C, *et al*. Risk factors for acute generalized exanthematous pustulosis (AGEP)-results of a multinational case-control study (EuroSCAR). *Br J Dermatol* 2007;157:989–96.
3 Bouvresse S, Valeyrie-Allanore L, Ortonne N, *et al*. Toxic epidermal necrolysis, DRESS, AGEP: do overlap cases exist? *Orphanet J Rare Dis* 2012;7:72.