

# Amoxicillin-associated rash in glandular fever

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## DESCRIPTION

Glandular fever, otherwise termed infectious mononucleosis, is a common cause of severe pharyngitis in adolescents and young adults. It is associated with acute Epstein-Barr virus infection. It is recognised that in the context of acute glandular fever, some antibiotics, notably ampicillin and amoxicillin, may lead to severe, generalised rashes that involve the extremities.<sup>1</sup> The pathophysiology of the rash is unknown.<sup>2</sup>

We present a case of an 18-year-old patient who presented to their general practitioner with an acute history of sore throat and fever. Amoxicillin was prescribed, and the patient developed a widespread, non-blanching, maculopapular rash 48 h after starting treatment (figures 1 and 2). The patient had no known allergies and no prior allergy testing. A Monospot test was positive for glandular fever. Amoxicillin was discontinued, and the rash subsequently improved gradually over the following 3 weeks.

Antibiotic treatment is not routinely indicated for the treatment of either pharyngitis or glandular fever.<sup>3</sup> When indicated, phenoxymethylpenicillin is preferred to amoxicillin due to the lower incidence of antibiotic-associated rashes.



**Figure 2** Clinical photograph of the lower limbs ((A) Anterior and (B) Posterior) demonstrating a maculopapular rash.

## Learning points

- ▶ Ampicillin and amoxicillin should be avoided in patients with pharyngitis when glandular fever is considered a possibility.
- ▶ Antibiotic treatment is not routinely indicated for pharyngitis and glandular fever.
- ▶ Phenoxymethylpenicillin (penicillin V) may substitute amoxicillin/ampicillin in cases when antibiotic therapy is desired.

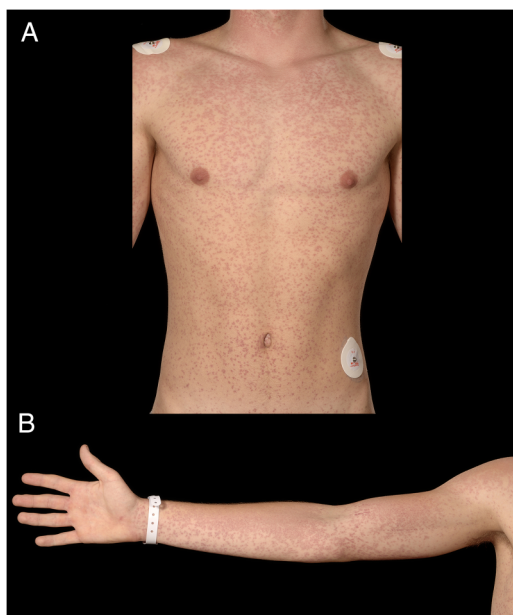
**Competing interests** None declared.

**Patient consent** Obtained.

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**Figure 1** Clinical photograph of the torso (A) and right arm (B) demonstrating a maculopapular rash.



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