Fixed drug eruption associated with aspirin

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DESCRIPTION

A previously healthy 27-year-old woman presented to the outpatient urgent care clinic complaining of dark spots that appeared suddenly on both her feet and face. She had been prescribed aspirin (650 mg orally every 6 hours as needed) the day prior to presentation as therapy for migraine-type headache. She also then recalled that these spots had appeared suddenly, in exactly the same areas approximately 1 year before the current episode, also associated with ingestion of an over-the-counter medication (Alka-Seltzer; aspirin/citric acid/sodium bicarbonate). Physical examination was unremarkable with the exception of dark, erythematous, slightly oedematous round plaques asymmetrically distributed over her feet (figure 1) and left eyelid

Figure 1 Painless hyperpigmented asymmetrically distributed plaques on feet.

Figure 2 Painless hyperpigmentation of skin over the left eye.

Learning points

- ▶ Fixed drug eruption is a cutaneous drug reaction noted to recur in the same anatomical locations on recurrent exposure to the offending agent.
- ▶ Lesions usually resolve with cessation of the culprit drug, but may leave postinflammatory hyperpigmentation. Supportive treatment may include oral H1 antihistamines and a short course of steroids in more severe cases.
- ▶ The most common drugs associated with fixed drug eruption are antibacterial agents, aspirin, and other non-steroidal anti-inflammatory agents, acetaminophen and barbiturates.¹

(figure 2). A complete blood count was ordered (results within normal range), and the patient was advised to substitute aspirin with ibuprofen, which controlled her headache. The skin lesions subsided and disappeared without complications within 2 weeks.¹

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