IMAGES IN CLINICAL MEDICINE

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A case of symmetrical drug-related intertriginous and flexural exanthema

Sweta Subhadarshani
Department of Dermatology, University of Cincinnati, Cincinnati, OH, United States
https://orcid.org/0000-0003-1199-8075

Anisha P. Valluri
Joan C. Edwards School of Medicine,Huntington, WV, United States
https://orcid.org/0000-0002-7924-1581

Corresponding author: valluri4@marshall.edu

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ABSTRACT

Symmetrical drug-related intertriginous and flexural exanthema (also known as Baboon syndrome) is a skin eruption in the intertriginous areas. It is believed to be a delayed-type hypersensitivity response to the drug which occurs secondary to systemic absorption of agents after cutaneous sensitization. Our case provides high quality clinical images to aid in clinical diagnosis of this uncommon skin eruption.

A 55-year-old woman presented to the clinic with a 3-day history of a pruritic macular rash that began in the inguinal area. There were no other constitutional symptoms. The rash developed two days after the first dose of amoxicillin 500 mg thrice daily, used as a presurgical prophylaxis. Six months prior, the patient had taken a five-day amoxicillin course for an upper respiratory tract infection. On examination, she had a symmetrical, erythematous, macular rash in the groins, on the buttocks, inframammary area, and in the cubital and popliteal fossa (**Figure 1 a–c**). After discontinuing the drug, the lesions resolved without treatment within five days. In addition, symmetrical drug-related intertriginous and flexural exanthema (SDRIFE) was diagnosed.

SDRIFE is a skin eruption in intertriginous areas. It is believed to be a delayed-type hypersensitivity response to the drug occuring secondary to systemic absorption of agents after cutaneous sensitization [1]. Drug interactions are most common with beta-lactam antibiotics, especially amoxicillin. Various medications, including antifungals, antihypertensives, chemotherapy, and monoclonal antibodies, can trigger this reaction [1]. The rash has a characteristic morphology i.e sharply demarcated erythema of the gluteal area or V-shaped erythema of the inguinal region, symmetry of affected areas, involvement of at least one other intertriginous site/flexural fold, and the absence of systemic symptoms and signs, which occurs after system-

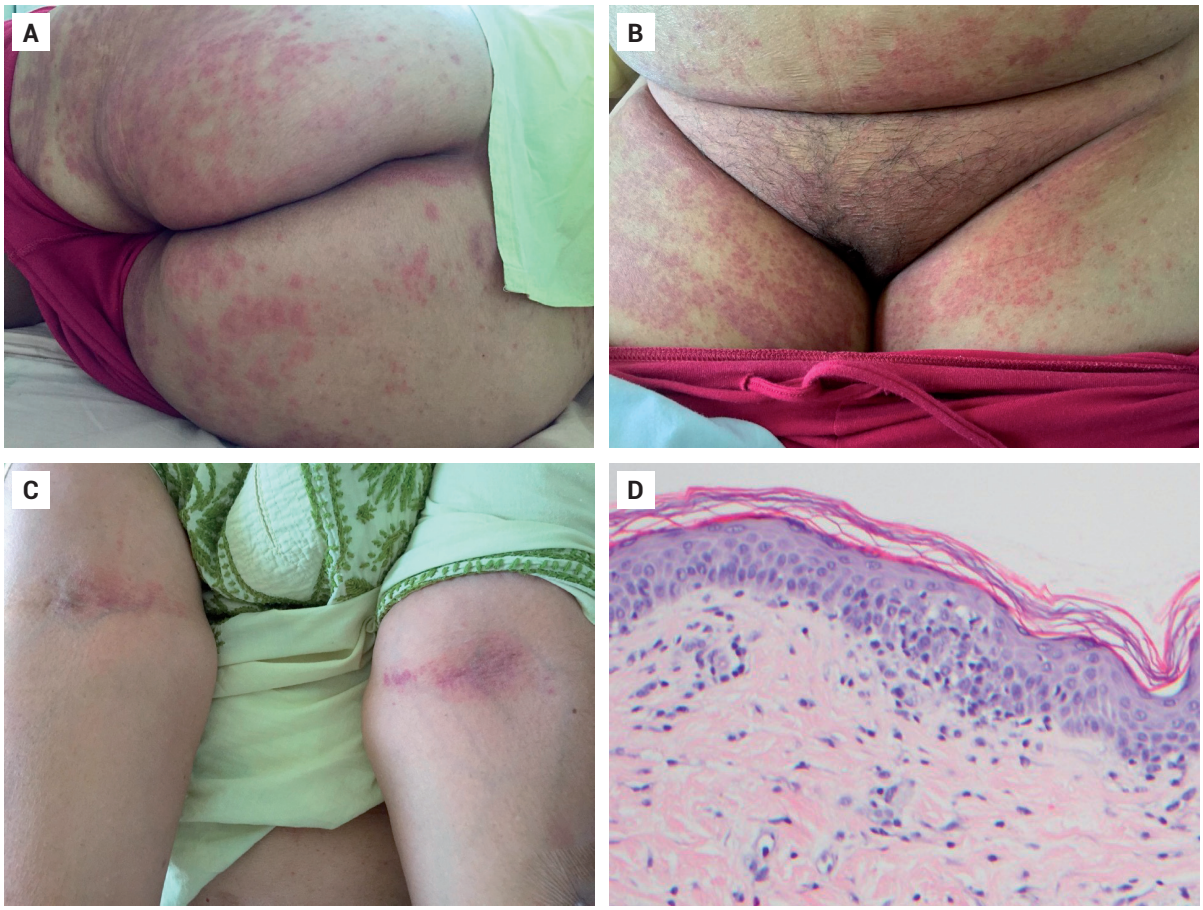

Figure 1. Symmetrical, erythematous, macular rash involving the buttocks, groin, and the cubital and popliteal fossa. (A-C) Histopathological evidence of perivascular infiltrates of lymphocytes and eosinophils (D)

ic exposure to the drug [2]. The case patient met all the criteria.

Histopathological findings include perivascular infiltrates of lymphocytes and eosinophils. However, histopathology is not needed to confirm the clinical diagnosis.

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Conflict of interest statement
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