



ABS046

CIPROFLOXACIN INDUCED ERYTHEMA MULTIFORME: A CASE REPORT

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Erythema Multiforme (EM) is an acute, self-limited, recurring skin condition that is considered to be a type IV hypersensitivity reaction associated with certain infections and other various triggers.

EM is known to be caused by medications such as Barbiturates, Hydantoin, Nonsteroidal anti-inflammatory drugs, Penicillins, Phenothiazine and Sulfonamides.

Literature has revealed several cases of Fluoroquinolone (Ciprofloxacin) induced EM in India. Ciprofloxacin is mainly used in conditions such as Gonorrhea, Lower respiratory tract infection, Nosocomial pneumonia and mainly for Urinary tract infections.

This is a case report of a 43 year old female patient who reported to the Dermatology outpatient department of the hospital. She came in with symptoms such as multiple targeted dark coloured patches on legs, abdomen, hands and trunk. She also presented with a single whitish lesions on the mouth over the mucosal region of the hard palate.

The patient had a history of taking Tablet Ciprofloxacin 500mg for complaints of fever and burning micturition that developed 20 days before admission. In order to diagnose effectively, a biopsy was done which suggested Erythema Multiforme secondary to drugs.

The doctors prescribed oral prednisolone (30mg OD initially for 7 days which was tapered to 20mg OD for 7 days and later 10mg OD for 3 days) for the lesion over the mouth and Anti Histamines like Levocetirizine at 10mg BD for 15days for the itching.

A cream containing Aloe vera and Vit E (VenusiaMax) was prescribed for local application BD for 15days and a prophylactic course of anti-biotic (Tab Amoxiclav 625mg BD for 6days) was initiated. After a period of 15days, the patient showed no signs of recurrence and her symptoms subsided satisfactorily. The doctors then discharged her with a tapered dose of corticosteroid along with Tablet Ultracet for pain whenever needed.

Keywords: Erythema Multiforme, Ciprofloxacin