Diclofenac – a cause for lichenoid drug eruptions: A rare presentation

Dear Sir,

Lichenoid drug eruptions otherwise called as lichen planus are an adverse reaction on the skin associated with the erythematous and pus-filled blisters on the regions of elbows and trunk that are characterized by the presence of itching. We report the case of a younger woman with the lichenoid eruptions that were caused by the administration of diclofenac.

An 18-year-old female presented to the dermatological clinic with the symptoms of pruritic lesions for 20 days after the administration of diclofenac 50 mg tablet for the duration of 5 days with a frequency of two tablets a day for backache. There was no history of cold and cough and there were no such similar complaints in the past. Cutaneous examination revealed itchy papules and vesicles on the left hand and next on the right hand (Fig. 1) followed by the lower limb region of the knee (Fig. 2). No involvement of nail was seen. On general examination, pallor, cyanosis, and icterus were not observed and vitals were stable. Systemic examination was also normal.

Her laboratory investigations are normal except for serum glutamic oxaloacetic transaminase: 58 IU/L, serum glutamic pyruvate transaminase: 50 IU/L, and alkaline phosphatase: 160 IU/L. Based on the medication history of the patient, the condition was diagnosed as diclofenac-induced lichenoid drug eruptions. The patient was started on oral cetirizine 5 mg OD, fusidic acid ointment, and tablet pantoprazole 40 mg OD. After using the prescribed therapy for a week, her condition was normalized and eruptions were resolved.

Lichenoid eruptions are the popular lesions characterized by flat-topped, shiny papules with the dermal infiltration of inflammatory cells. It is very important to differentiate the various lichenoid eruptions for the proper treatment [1].

Hence, a correct diagnosis is made based on the physical finding, laboratory data, and causative drug to establish a correct temporal relation between the reaction and the drug [2]. More commonly, these are associated with the age of above 40 years and the latent period for the appearance of reaction may depend on the type of drug administered as it varies from 1 to 2 weeks sometimes up to a month or above [3]. In this case, eruption tends to appear after 15 days of drug administration (latent period).

In this case, there was an abnormality of the liver enzymes. The previous literature evidence suggests that the liver enzyme tests are the important predictor for the cutaneous drug eruptions; hence, the liver function test is important clinical evidence that in skin disorders, there might be a chance in the alteration of liver enzymes [4]. Drug history, examination of lesions, and histopathological studies play an important role in differentiating the variants of drug eruptions. In this condition, there is a failure of major histocompatibility complex Class II expression and CD25 which is a marker of cell activation [5].

Figure 1: Lichenoid eruptions on region of the hand

Figure 2: Lichenoid eruptions below the knee region

In conclusion, these types of reactions are very rare in occurrence and patients require an immediate treatment and proper counseling on drugs and foods such as cashews and liquorice that precipitate the lichenoid drug reactions. As the patient visited the clinic after 20 days of drug administration and appearance of symptoms; hence, health-care professionals should counsel the patients regarding the severity of reactions and an immediate need of visiting the clinic for early resolving the symptoms and conditions.

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Received - 19 January 2020

Initial Review - 05 February 2020

Accepted - 22 February 2020

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Funding: None; Conflicts of Interest: None Stated.

How to cite this article: Narasimha GL. Diclofenac – a cause for lichenoid drug eruptions: A rare presentation. Indian J Case Reports. 2020;6(3):146-147.

Doi: 10.32677/IJCR.2020.v06.i03.018