



**Figure 1.** Oval dusky-purple plaques with an erythematous rim on the trunk.



**Figure 2.** Bullous lesions in the center of one of the lesions.

[Ann Emerg Med. 2019;73:e9-e10.]

A 20-year-old man presented to the emergency department with widespread discrete pruritic rash that started 6 months before. The rash remained persistent, but new lesions continued to appear, and exacerbations were accompanied with swelling and redness of the older lesions, sometimes accompanied by bullae formation. The patient recalled receiving painkillers, including ibuprofen, dipyrrone, and naproxen, on a regular basis for headaches. The rash flared several hours after ingestion of the medications. On examination, annular lesions with a dusky-purple center and erythematous margins were present on the trunk and limbs (Figure 1). Bullae were evident in some of the lesions (Figure 2).

*For the diagnosis and teaching points, see page e10.*

*To view the entire collection of Images in Emergency Medicine, visit [www.annemergmed.com](http://www.annemergmed.com)*

## IMAGES IN EMERGENCY MEDICINE

*(continued from p. e9)***DIAGNOSIS:**

*Bullous fixed drug eruption.* Histopathology revealed interface dermatitis with vacuolar changes and apoptotic keratinocytes, consistent with bullous fixed drug eruption.

Fixed drug eruption is a common rash that can result from a large variety of medications, including over-the-counter drugs and herbal treatments.<sup>1</sup> It is characterized by single or multiple round erythematous plaques that appear within minutes to 24 hours in the same location after exposure to a specific medication.<sup>2</sup> Nonsteroidal anti-inflammatory drugs are a common cause for fixed drug eruption.<sup>3</sup> Widespread bullous fixed drug eruption is an important variant of fixed drug eruption, and knowledge of this entity is of great importance to differentiate this disorder from more severe cutaneous drug reactions, such as Stevens-Johnson's syndrome and toxic epidermal necrolysis.<sup>1</sup> Diagnosis is based on clinical findings and history of drug ingestion. Skin biopsy, patch tests, and oral provocation tests can be performed in difficult cases.<sup>3</sup> Treatment includes cessation of the offending drug and the use of topical corticosteroids and oral antihistamines for symptomatic relief.<sup>2</sup>

---

*Author affiliations:* From the Department of Dermatology, Hadassah-Hebrew University Medical Center, Jerusalem, Israel.

---

**REFERENCES**

1. Dharamsi FM, Michener MD, Dharamsi JW. Bullous fixed drug eruption masquerading as recurrent Stevens Johnson syndrome. *J Emerg Med.* 2015;48:551-554.
2. Flowers H, Brodell R, Brents M, et al. Fixed drug eruptions: presentation, diagnosis, and management. *South Med J.* 2014;107:724-727.
3. Mahboob A, Haroon TS. Drugs causing fixed eruptions: a study of 450 cases. *Int J Dermatol.* 1998;37:833-838.