

Amoxicillin

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Allergy in the form of rash and vasculitis: case report

A 57-year-old woman developed allergy in the form of rash and vasculitis during treatment with amoxicillin for non-productive cough and intermittent fever.

The woman, who had a history of skin reactions to unspecified antibacterials [unknown antibiotics], high blood pressure and depression, started receiving amoxicillin [*route and dosage not stated*] along with ibuprofen and dipyrone [metamizole] due to a 3-week history of a non-productive cough and intermittent fever. Three days later, she presented with a 2-day history of symmetrically distributed pruritic pink-to-red maculopapular exanthema on the extremities and trunk.

The woman was admitted, and the prescription of amoxicillin, ibuprofen and dipyrone was stopped. She was treated with prednisolone and unspecified antihistamines and glucocorticoids; however, after 2 days, the rash progressed in purpuric, pruritic, non-blanching and painful maculas and plaques on the extremities and trunk. She had an elevated D-dimer level, and a chest radiograph revealed a right lower lobe consolidation, which suggested pneumonia. Real-time reverse-transcription (RT)-PCR assay of a throat swab for SARS-CoV-2 was positive, and she was diagnosed with COVID-19. Biopsy specimen of the skin lesion showed vasculitis. Then, she was treated prednisolone. After 9 days, the respiratory symptoms and skin lesions improved. Later, she showed two negative SARS-CoV-2 by RT-PCR tests for throat swabs and she was discharged home. She was suspected to have developed amoxicillin-induced allergy in the form of rash and vasculitis and COVID-19 infection also played a role in triggering this drug-induced skin reaction.

Vanegas Ramirez A, et al. Drug-induced vasculitis in a patient with COVID-19. *Journal of the European Academy of Dermatology and Venereology* 34: e361-e362, No. 8, Aug 2020. Available from: URL: <http://doi.org/10.1111/jdv.16588>

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