

Levofloxacin



First report of symmetric drug-related intertriginous and flexural exanthema: case report

A 50-year-old woman developed symmetric drug-related intertriginous and flexural exanthema (SDRIFE) during treatment with levofloxacin for urinary tract infection.

The woman presented with multiple erythematous patches over her bilateral axillae and groins lasting 3 days. These skin lesions were appeared 6 days after receiving levofloxacin [*route not stated*], 500mg every other day, for the treatment of a urinary tract infection. According to her renal function dose of levofloxacin was adjusted. Her medical history showed hypertension, hyperlipidemia, anxiety and end-stage renal disease requiring peritoneal dialysis. Additionally, she was receiving gemfibrozil, clonazepam, and alprazolam for 2 months. Her physical examination revealed well-demarcated erythematous patches symmetrically distributed over the bilateral axillae and inguinal areas, as well as in the cubital and popliteal fossae. There were no blisters, scales, or pustules and no mucosal involvement or systemic symptoms were noted. Laboratory investigation showed eosinophilia (11.0%). A lymphocyte activation assay was carried out by measuring granulysin and granzyme B levels according to a previously published protocol. The results disclosed 1.63-fold and 2.59-fold elevations of granulysin and granzyme B levels compared with negative control of phosphate-buffered saline, respectively. Based on a lymphocyte activation assay finding, she was diagnosed with symmetric drug-related intertriginous and flexural exanthema [*duration of treatment to reaction onset not stated*]. According to the Naranjo Adverse Drug Reaction Probability Scale was found to be (score 6) and the causality of levofloxacin-induced SDRIFE was also 'probable'.

The woman's levofloxacin therapy was stopped. She started receiving prednisolone, resulting into resolution of cutaneous lesions within 2 weeks. She did not return to the clinic for further follow-up due to the coronavirus disease 2019 (COVID-19) outbreak, so an additional test could not be performed.

Tsai YW, et al. Levofloxacin-induced symmetric drug-related intertriginous and flexural exanthema. *Contact Dermatitis* 86: 64-66, No. 1, Jan 2022. Available from: URL: <http://doi.org/10.1111/cod.13979> 803657168

» **Editorial comment:** A search of AdisBase, Medline, Embase and the WHO ADR database did not reveal any previous case reports of levofloxacin-induced symmetric drug-related intertriginous and flexural exanthema.