

NOTES & COMMENTS

A fixed drug eruption caused by mycophenolate

To the Editor: We read with interest the case by Georgesen et al¹ of a generalized fixed drug eruption (FDE) associated with mycophenolate. We present a similar case of a 44-year-old woman with a history of systemic lupus erythematosus who presented with a generalized FDE to mycophenolate. The patient had a painful erosion on the lower mucosal lip followed by dusky plaques on the lip, scalp, eyebrow, ear, neck, and arm approximately 6 days after restarting mycophenolate for treatment of cutaneous lupus (Fig 1). The plaques were mildly painful and nonpruritic. There were no constitutional symptoms at the time of the rash. She had taken mycophenolate in the past in combination with prednisone, but she was weaned off both drugs 1 year before and maintained on hydroxychloroquine for her systemic lupus erythematosus. She denied starting any other medications at the time of the eruption, including nonsteroidal anti-inflammatory drugs, antibiotics, or over-the-counter medications. Herpes simplex virus and anti-Ro antibodies were negative, and there were no targetoid lesions on the palms or soles. After discontinuing mycophenolate, her skin lesions resolved with hyperpigmentation (Fig 2). Both our patient and that of Georgesen et al¹ had connective tissue disease and chronic exposure to mycophenolate in the past. Both cases also presented with the eruption of multiple FDE plaques and mucosal involvement. Although FDE caused by an immunosuppressant such as mycophenolate is rare, it should be considered as a culprit drug in previously exposed patients.

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Fig 1. Dusky plaque on the left thumb.



Fig 2. Hyperpigmented patch on the left neck.

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REFERENCE

1. Georgesen C, Lieber S, Lee H. A generalized fixed drug eruption associated with mycophenolate. *JAAD Case Rep.* 2017;3(2):98-99.

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