

Symmetrical Drug-Related Intertriginous and Flexural Exanthema: A Probable Association to Siddha Medication Presenting as Baboon Syndrome

Dear Editor,

Symmetrical Drug-Related Intertriginous and Flexural Exanthema (SDRIFE) is a type of systemic contact dermatitis that occurs due to systemic exposure to a drug at first or repeated dose. It is characterized by symmetrical, well-demarcated erythema of the gluteal, perianal, or inguinal area without any systemic symptoms. Other flexures like the axilla, cubital fossa, and popliteal fossa can also be involved.^[1,2] Herein, we report a case of SDRIFE, a probable occurrence following Siddha medication, which has not been previously reported as per our knowledge. As Siddha medications are used to treat allergic contact dermatitis, a high index of suspicion is needed to diagnose such side effects.

A 34-year-old female who had psoriasis vulgaris of eight years duration presented with complaints of itchy red, raised, and oozy lesions over bilateral inframammary regions, bilateral groin, back, and buttocks for three days. She was taking Siddha medication for psoriasis for 20 days continuously, in the form of both oral and topical formulations, the details of which were not available. The patient was not on any other medications nor have any other comorbidities. On the 17th day of taking Siddha medications, her skin lesions started. She did not have any other systemic complaints. On examination, multiple symmetrical erythematous papules and plaques were present over the bilateral inframammary region, bilateral groin, around the umbilicus, lower back, and gluteal region, and extending into the intergluteal cleft [Figure 1]. Biopsy from the erythematous plaque showed a normal epidermis, with the dermis showing mild perivascular infiltrate [Figure 2]. The patient also had mild eosinophilia with an absolute eosinophil count of 580/mm³. Other investigations were normal, including renal and liver function tests. With these clinical and histopathological features, a diagnosis of SDRIFE or baboon syndrome, probably due to Siddha medication, was made. The patient improved clinically, and all the lesions subsided with the cessation of Siddha medications and topical steroid application. By the WHO-UMC causality scale and the Naranjo algorithm for causality assessment of adverse drug reaction, SDRIFE in our case is “probably” caused by Siddha medication.^[3,4] The exact component in Siddha medication that caused baboon syndrome was not known, as the drugs’ details were unavailable. SDRIFE can present as baboon syndrome, flexural dermatitis, dyshidrotic hand eczema, and erythroderma. The acronym SDRIFE was proposed by Häusermann *et al.* in 2004. Häusermann *et al.* proposed criteria for SDRIFE¹, which include (i) exposure to a systemically administered drug either at the first or



Figure 1: (a) Erythematous papules and plaque involving almost the entire back extending to the gluteal region and intergluteal cleft (b) Erythematous papules and plaques present over bilateral inframammary and periumbilical regions (c) Erythematous papules and plaques present over the bilateral groin and lower abdomen

repeated dose (excluding contact allergens); (ii) sharply demarcated erythema of the gluteal/perianal area and/or V-shaped erythema of the inguinal/perigenital area; (iii) involvement of at least one other intertriginous/flexural localization; (iv) symmetry of affected areas; and (v) absence of systemic symptoms and signs. Our case fulfilled all these criteria. There was symmetric erythema in the inguinal, inframammary, and gluteal regions without any systemic symptoms. There was also a history of oral and topical Siddha medication intake, following which the rash started. The patient was not on any other medications apart from Siddha drugs. Hence, baboon syndrome to Siddha medication was diagnosed in our patient. She had resolution of the lesions with the discontinuation of Siddha medications

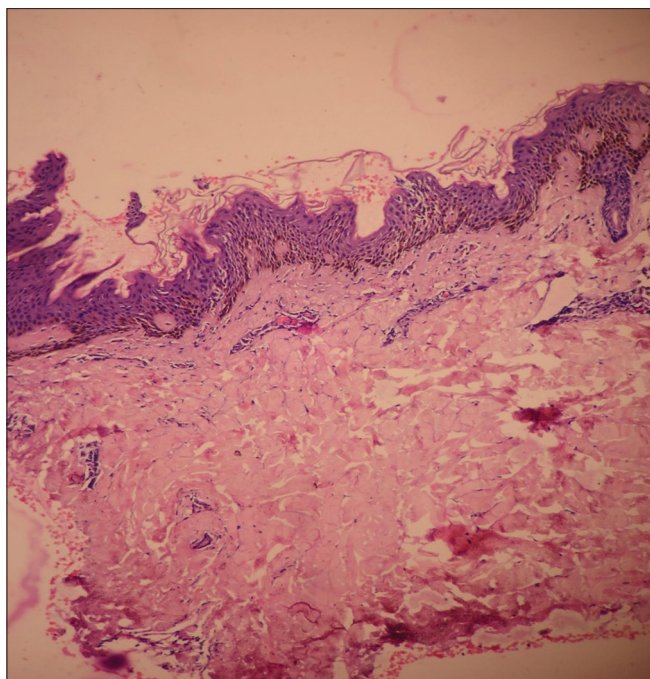


Figure 2: Normal epidermis with mild perivascular lymphocytic infiltrates (H&E, 40x)

and topical steroid administration, making the diagnosis more probable.

Many drugs have been implicated in the causation of SDRIFE. Common ones are antibiotics like amoxicillin, ampicillin, aminoglycosides, and erythromycin. Others include aminophylline, terbutaline, codeine, pseudoephedrine, and radiocontrast agents like iopromide and iomeprol.^[1,2,5] We report a case of SDRIFE/baboon syndrome following Siddha medication intake, which has not been reported previously. The content of the Siddha medication was not found as the details were not available. SDRIFE is thought to be a type IV hypersensitivity reaction, and it can also occur even after the first exposure to the drug without prior sensitization, as in our case. The histological features of baboon syndrome include superficial perivascular infiltrate of neutrophils or eosinophils, sometimes with necrotic keratinocytes. There can also be hydropic or vacuolar degeneration of the basal cells.^[1] Treatment includes discontinuation of the implicated drug. Symptomatic management with antihistamines and topical steroids or oral steroids is also helpful in the resolution of the rash.^[2,3] Though complementary treatments are considered safe, they are associated with side effects. Hence, a high index of suspicion is needed to diagnose such side effects due to Siddha medications.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient (s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not

be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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