Hydroxychloroquine

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Acute generalised exanthematous pustulosis: case report

A 29-year-old woman developed acute generalised exanthematous pustulosis during treatment with hydroxychloroquine for presumed coronavirus disease-19 (COVID-19).

The woman, whose medical history was significant for Protein S deficiency and Stevens-Johnson syndrome because of cefaclor, was referred for subjective fever, sore throat and cough. Given recent exposure to a COVID-19 positive individual, she underwent testing for COVID-19. She received a 5-day course of azithromycin, prednisone and doxycycline without improvement. Eight days afterwards, she was initiated empirically on hydroxychloroquine 200mg two times a day [*route not stated*] because her COVID-19 results were not yet available. Following 4 days of treatment, she woke up with rash on the abdomen and neck, which progressed to her face and extremities.

The woman was advised to stop hydroxychloroquine, and received tapering dose of methylprednisolone, which did not ameliorate her rash. She was found to be negative for COVID-19. The rash progressed, and pruritus was unrelenting. Twelve days following the initiation of hydroxychloroquine, she presented at an outside hospital, where she was administered IV methylprednisolone. Her rash continued to spread, and she developed facial swelling. Thus, she presented to the Emergency Room for evaluation (current presentation). Her skin exam was significant for facial oedema, erythematous macules and edematous papules coalescing into plaques on the face, thighs, trunk and bilateral arms. Scattered, non-follicular pustules were observed on the lateral neck and abdomen. The oral mucosa was hyperemic without erosions or ulcerations. Her laboratory tests were significant for hepatic and renal function within normal limits, negative COVID-19 testing and an increased white blood cell count with neutrophilia and no eosinophilia. She was admitted and treated conservatively with triamcinolone, but experienced additional pustule formation and remarkable pruritus, requiring one administration of IV methylprednisolone. The following morning, she denied mucosal pain, and her skin was less erythematous. The laboratory studies remained stable. For the further treatment of her active but improving rash, she was switched to prednisone taper. A skin biopsy, collected before the treatment, revealed a subcorneal pustule with neutrophils and eosinophils congruous with a diagnosis of acute generalised exanthematous pustulosis. After 38 days, her rash resolved with the prednisone taper.

Enos T, et al. Acute generalized exanthematous pustulosis induced by empiric hydroxychloroquine for presumed COVID-19. Dermatologic Therapy : e13834, Jan 2020. Available from: URL: http://doi.org/10.1111/dth.13834

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