

## CLINICAL IMAGE

# An exanthematous drug eruption with sodium-glucose cotransporter 2 inhibitor

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A 79-year-old man with a history of diabetes and rheumatoid arthritis presented to the emergency department with fever of 1 day duration and erythema and a papular rash (Figure 1). The rash was predominantly on the trunk and had been present for 5 days. Physical examination revealed no findings of suspected mucosal damage on his body. He exhibited no eruptions on the mucous membranes. He had taken luseogliflozin, a sodium-glucose cotransporter 2 inhibitor (SGLT2i), for 7 days to control his diabetes. We ruled out skin infection based on the shape of the skin rash. Given the progression of symptoms, we suspected a drug eruption caused by the SGLT2i. The patient was hospitalized, and luseogliflozin was discontinued. Because drug eruptions generally improve after drug discontinuation, we followed up without antibiotics or corticosteroids. The fever resolved 3 days after drug discontinuation, and the skin rash resolved 14 days later. We performed tests for measles, rickettsia, and other infectious agents, but all tests were negative. We performed two sets of blood cultures, and we confirmed that both sets tested negative. Based on the test results and the course of the disease, we diagnosed a drug eruption caused by SGLT2i.

Recently, SGLT2i has gained traction as a therapeutic agent for heart failure and diabetes mellitus.<sup>1</sup> Dermatological toxicities have been documented alongside infectious, genital, metabolic, and renal side effects.<sup>2</sup> While fixed drug eruptions linked to SGLT2i have been reported,<sup>3</sup> this case showed an exanthematous drug eruption. As this patient had a fever, it was necessary to distinguish between a viral infection and a drug eruption. It is difficult to differentiate between viral infections and drug eruptions,<sup>4</sup> which emphasizes the

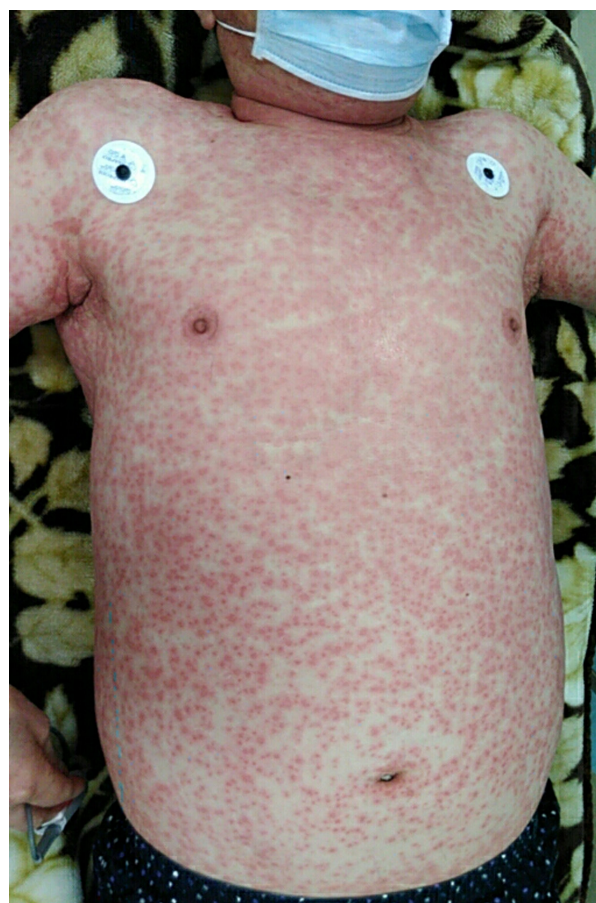


FIGURE 1 Man with fever, erythema, and a papular rash.

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importance of considering conditions presenting with concurrent fever and rash.

As the prescription of SGLT2i rises, the likelihood of encountering its side effects will correspondingly increase, and drug eruption should be considered when a patient on a SGLT2i develops a fever and skin rash.

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#### CONFLICT OF INTEREST STATEMENT

Authors declare no Conflict of Interests for this article.

#### PATIENT CONSENT STATEMENT

The author has obtained signed consent from the patient authorizing publication.

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