

# Fluconazole- A Culprit Drug Causing Fixed Drug Eruption

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## ABSTRACT

Fixed drug eruption (FDE) is an unfamiliar medication-induced cutaneous reaction. A case of fluconazole-induced FDE is described. A 27-year-old man presented with multiple, hyperpigmented patches on the dorsum of hands, palms, lips and face that had occurred for the first time after intake of a drug for the fungal infection. The clinical diagnosis strongly favoured FDE after the drug provocation test with a different presentation and the culprit medication was identified by the history. FDE to fluconazole has only been rarely reported in the literature.

The presentation and evaluation of FDE is reviewed.

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## MANUSCRIPT

Sir,

Fluconazole is the first member of a new subclass of synthetic triazole antifungal agents with its optimum combination of antifungal activity, pharmacokinetic profile, and aqueous solubility.<sup>1</sup> According to a review done by Zervos M, the adverse events such as: nausea, headache, skin rash, vomiting, abdominal pain, and diarrhoea are seen in patients receiving fluconazole for 7 or more days.<sup>2</sup> We report fixed drug eruption to fluconazole in a patient.

Fixed drug eruption (FDE) is a common pattern of an adverse drug reaction with the characteristic skin lesion appearing chronically at the identical spot upon exposure to the implicating molecule. Sulfonamides, aspirin have been known to be common crooks, but with the surge of new molecules into the present-day pharmaceutical front many more drugs have been added up to the ever-growing list. There are only a few reports of FDE to this molecule.<sup>3-5</sup> However, we report a case of FDE to fluconazole in a patient who presented with lesion on dorsum of hands, palms, lips and face with a different presentation on drug provocation test, after taking the patient's consent.



**Fig 1: Multiple sharply demarcated oval hyperpigmented plaque with a dusky violaceous hue present over the dorsum of hands bilaterally.**



**Fig 2: Few hyperpigmented patches over the palms bilaterally.**



**Fig 3: Solitary well demarcated hyperpigmented plaque below the left eye with hyperpigmentation and crusting present over the lower lip.**

A 27-year-old man visited to us with the history of consuming a dose of fluconazole (150mg) for the fungal infection first time. Approximately 2 days after consuming a dose of fluconazole (150mg) he noticed multiples lesions over the body. On examination, there were multiple sharply demarcated oval plaque of erythema and edema which evolved into a dusky violaceous patch over the dorsum of hands, palms, lips and face. (Figs. 1-3) There was blistering noted. Hereby, clinically we confirmed our diagnosis of FDE to fluconazole. However, the patient refused a skin biopsy. Drug provocation testing was performed after one month of the presentation where the patient had similar lesion over the same site with a single dose of fluconazole but with a different presentation in the form of involvement of the oral cavity. On examination of the oral cavity, there were multiple vesicles and pustules with erythema present with crusted plaque limited to the lower vestibular mucosa and the lower lip, respectively (Figure 4,5). Patient was started on oral steroids, topical steroids and topical antibiotic combination both the times.

Fluconazole, being a very common, innocent molecule is increasingly findings it's way into the present-day antifungal therapy scenario. Common side effects to fluconazole are known to be nausea, headache, skin rash, vomiting, abdominal pain and diarrhoea.



**Fig 4: Multiple vesicles and pustules with erythema limited to the lower vestibular mucosa.**



**Fig 5: Crusted plaque limited to the the lower lip.**

To summarize, authors feel that uncommon, unknown side effects of fluconazole may outward in future with more extensive usage of this molecule. Our case exemplifies the importance of medical practitioners / new upcoming dermatologists paying attention to drugs such as fluconazole that are used at low frequencies, but still may cause FDE.

**Acknowledgement:** I would like to thank the patient for coordinating with us and giving all the information at the right time for the proper diagnosis, treatment and also to add on the literature to highlight his issue.

#### REFERENCES

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**Legends:**

- [1] Multiple sharply demarcated oval hyperpigmented plaque with a dusky violaceous hue present over the dorsum of hands bilaterally.
- [2] Few hyperpigmented patches over the palms bilaterally.
- [3] Solitary well demarcated hyperpigmented plaque below the left eye with hyperpigmentation and crusting present over the lower lip.
- [4] Multiple vesicles and pustules with erythema limited to the lower vestibular mucosa.
- [5] Crusted plaque limited to the the lower lip.