FIXED DRUG ERUPTION DUE TO HEPARIN INJECTION

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ABSTRACT

This case report describes a young female with fixed drug eruption due to heparin injection and treatment by surgical debridement.

Key Words: *Fixed drug eruption, Heparin injection, Surgical debridement.*

INTRODUCTION

Fined drug eruption is defined as eruption occurring at the same site each time the drug is administered. Commonly involve drugs are Paracetamol, Aspirine, Tetracyclines, Septran (Trimethoerim, Sulphamethaxazole), Ciprofloxacin etc.[1,2] Acute drug eruption usually occurs within half an hour to six to eight hours after administration of drug.[1-3] Lesions may appear as oedema, erythema, bullae or plaque. It may appear as focal or multifocal. Classical appearance of the lesion may be related to the specific drug but unclassical pattern can occur with specific drug.[4-7] We hereby report a case of fixed drug eruption in a young female patient.

CASE REPORT

A 21 years old young lady presented as postnatal 10 days and pain and swelling on right thigh. She had received one injection of heparin 5,000 i.u subcutaneous by general practioner for suspected DVT. Within 4 hours of injection she noticed erythema, oedema and pain on right side of thigh for which she was referred to Gynae "A" unit Lady Reading Hospital Peshawar for further evaluation. On examination there was 6 x 3 cm erythematous patch on anterior side of right thigh. During hospital stay she was administered second dose of prophylactive dose of heparin 5,000 i.u s-c & and she developed bullae of different morphological appearance of erythematous lesion. Heparine injection was then stopped. Doppler ultrasound showed no evidence of DVT. The dermatology department was consulted for help in management but after overnight stay in the hospital she developed irregular patchy eythematous pussy pustules and desloughing of skin from groin to the right knee joint in patches. Surgical unit was consulted and surgical debridement of the skin followed by daily cleaning of the wound was done and was discharged after 32 days with healed wound on the right thigh.

DISCUSSION

Fixed drug eruption can have different morphological appearance. It may have classical appearance of lesion related to specific drug or sometimes unclassical lesion may occur with specific drug. Sometimes it presents as swelling, erythema, bullae or massive skin eruption or it may mimic a skin lesions like lichen planus, melasma, dermatitis, psoriasis, erythema, multiforme, lupus erythematosus, pemphigus vulgaris, lupus erythematus discoide, pityriasis rosea and vulval and perianal hypermelanosis.[7,8] Specific drugs cause specific site drug eruption e.g. sulphonamides cause lesions over the lips, trunk and limbs, pyrazolones cause lesion on lips and mucosae. Aspirin and paracetamol cause lesions over limbs and trunk etc. our patient had wide spread multifocal lesion over right thigh due to injection heparin. Though skin lesions are usually mild one but in our case lesion expanded day by day which was a very unusual presentation. As patient was already malnourished and anemic this also aggravated the condition of the patient but with the help of plastic surgeon and general surgeon surgical debridement of the skin, deep facia, removing the pussy loculi and antibiotic cover and daily wound cleaning led to the healed

clean wound and there was no need of skin graphting requirement later on and was discharged in a satisfactory condition.

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