Allopurinol causing generalized exfoliative dermatitis: a case report

Mila Nu Nu Htay1*, Wai Wai Myint2, Htay Lwin1, Win Htay3

1Department of Community Medicine, Melaka Manipal Medical College (MMMC), Melaka, Malaysia
2Department of Reconstructive and Rehabilitative, Reconstructive and Rehabilitative Center, University Malaysia Sarawak (UNIMAS), Kota Samarahan, Sarawak, Malaysia
3General Practitioner, Mandalay, Myanmar

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*Correspondence to:
Dr. Mila Nu Nu Htay,
Email: drmlnnh@gmail.com

ABSTRACT

Erythroderma is a scaly, erythematous dermatitis of the skin, which occurs in drug allergy, malignancy and underlying skin disorders. The diagnosis is challenging because the extent of skin involvement does not always correlate with the extent of internal organ involvement. Therefore, early recognition of symptoms is vital to minimize morbidity and mortality. Case report: A 52 years old man had asymptomatic hyperuricemia and prescribed allopurinol 300mg, daily. One month later, the rashes started to appear on his trunk and then progressed to the face and upper limbs. Then it continued to spread to the lower extremities. Management involves prompt cessation of the culprit drug, administration of corticosteroids and supportive treatment. It is Concluded that Allopurinol is commonly used in clinical practice for the treatment of symptomatic hyperuricemia and gout. It has been associated with erythroderma especially when used indiscriminately.

Keywords: Allopurinol, Adverse drug reactions, Erythroderma, Generalized exfoliative dermatitis

INTRODUCTION

The elevated uric acid level (hyperuricemia) occur in 5% of the general population and most of them are asymptomatic.1 Since 1963, allopurinol has been introduced and widely using to reduce the uric acid level.2 In vivo, allopurinol converts into oxypurinol which serves as xanthine analog and combine with xanthine oxdase enzyme, which intern prevents the formation of uric acid in the body.3 Although, allopurinol is generally well tolerated, life-threatening toxic effects have been reported from different regions.1,2,4,5 Erythroderma alternatively termed as generalized exfoliative dermatitis is one of the adverse reactions triggered by allopurinol.

Erythroderma is a scaly, erythematous dermatitis that involves at least 90% of the surface of the skin. It is a rare disease, and its occurrence might be closely linked to:

1. Drug use such as allopurinol, carbamazepine, phenytoin