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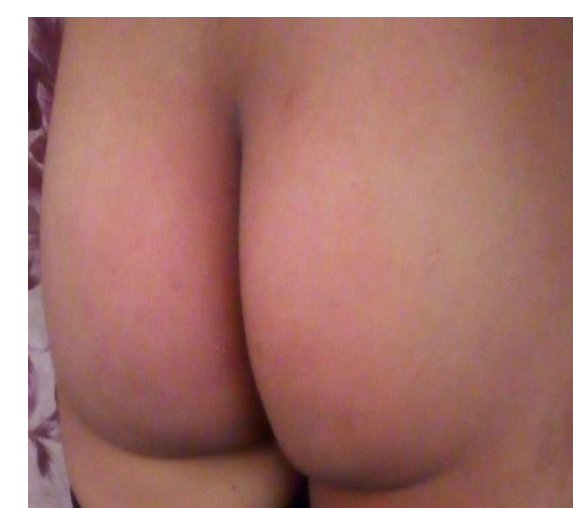
## Introduction

➤ Symmetric drug-related intertriginous and flexural exanthema (SDRIFE) is a delayed cutaneous eruption induced by a systemic drug characterized by a symmetrical erythema of the gluteal area and in the flexural or intertriginous folds without systemic symptoms.

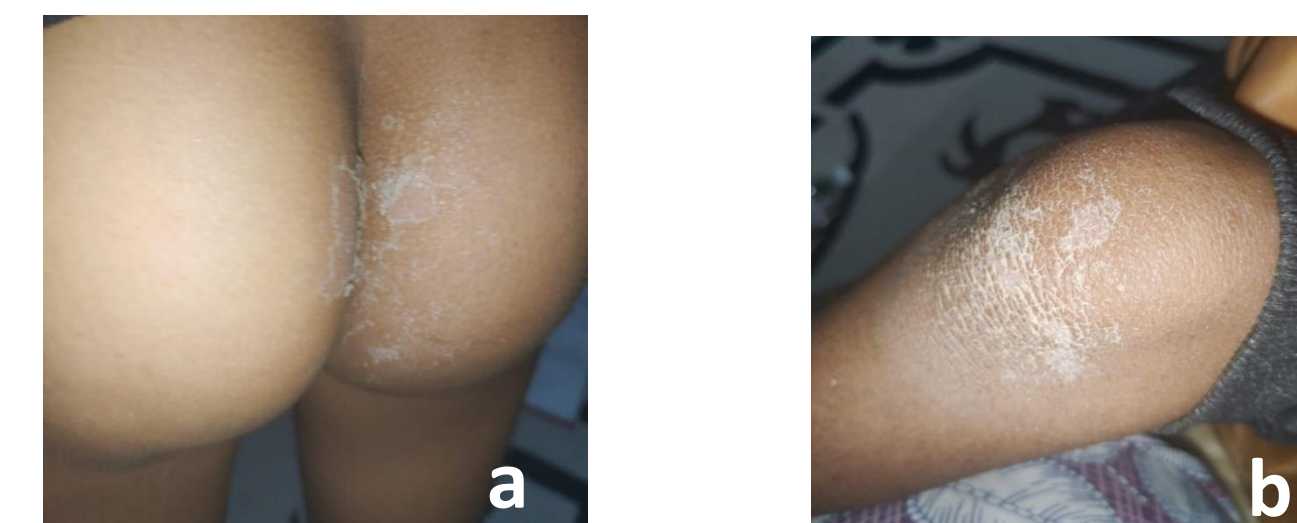
➤ We report a case of atypical SDRIFE induced by amoxicillin with cross-reactivity to cefadroxil.

## Case report

- ❖ A 9 years-old-boy presented to our department with a recurrent history of an erythematous, pruritus eruption localized in the left knee, and the interfessial region (figure 1).
- ❖ The parent reported that the first episode appeared 72 hours after amoxicillin-clavulanic acid intake for retro auricular abscess 2 years ago.
- ❖ The evolution was marked by the desquamation of the lesions within one day without residual hyperpigmentation after drug withdrawal (figure 2).
- ❖ One year later, the patient described the same reaction in the same areas, 48 hours after amoxicillin intake for dental caries.



**Figure 1:** erythematous interfessial eruption



**Figure 2:** desquamation after drug withdrawal  
a-interfessial region b-left knee

- ❖ On physical examination, no systemic symptoms were found.
- ❖ The patient was referred to dermatology department, a diagnosis of atypical SDRIFE based on clinical presentation was suspected.
- ❖ The symptoms disappeared gradually with desquamation after the amoxicillin withdrawal.

- ❖ Four weeks, after the lesions resolved, intradermal skin test with amoxicillin was negative.
- ❖ We performed oral drug provocation tests that were positive with amoxicillin and cefadroxil, and negative with penicillin V.

## Conclusion

- Through this case report we point out the variability of SDRIFE clinical characteristics in one hand and the usefulness of oral provocation tests to identify the incriminated drug and to assess cross reactivity in the other hand.