

## **Dapsone Hypersensitivity or Viral Exanthem?**

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*Accepted January 9, 2004.*

*Sir,*

We have read the letter by Labandeira & Toribio with interest (1). Published reports (2, 3) and our own experience indicate that dapsone hypersensitivity is a rapidly evolving exfoliative eruption that quickly involves the entire skin surface. It is frequently accompanied by hepatitis. Nearly all patients require prompt withdrawal of dapsone and the use of systemic corticosteroids to control the eruption, which subsides over 10–14 days. Re-challenge leads to severe itching and an exacerbation of the eruption within a few hours of administering dapsone. Mild reactions to dapsone appear to be uncommon and have not been reported previously.

The patient reported by Labandeira & Toribio

appeared to have a mild hypersensitivity to dapsone. However, an alternative explanation for the clinical features is the development of an intercurrent viral exanthem during dapsone therapy. This diagnosis would explain the gradual extension of the eruption over 3 days, partial involvement of the skin sparing the trunk and proximal portions of the lower extremities, rapid subsidence of the eruption (which coincided with the withdrawal of dapsone) and the absence of dermatitis during re-challenge with dapsone even though a fairly large dose of 50 mg was used. The other findings of painless cervical adenopathy and increased erythrocyte sedimentation rate could also be a part of the viral exanthem.

Dapsone hypersensitivity continues to be an uncommon adverse effect even though large numbers of patients with leprosy are administered the drug in doses of 100 mg per day from the onset of treatment. There seems to be little justification for recommending a smaller initial dose. The re-introduction of dapsone usually precipitates a recurrence of the dapsone syndrome and helps to confirm the diagnosis. Although there are reports of successful desensitization (4–6), it is unclear from the literature how often the procedure would be successful in patients with the dapsone syndrome. Desensitization should probably be attempted only if dapsone therapy is considered absolutely necessary.

## REFERENCES

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