

Lichenoid Drug Eruption Induced by Spironolactone

Sir,

Lichenoid drug eruptions (LDE) may be caused by a large variety of drugs, most commonly by gold salts, antimalarials, penicillamine and β -adrenergic blocking agents (1). Among diuretics, LDE are frequently associated with thiazides (2–4), whereas induction by spironolactone was considered in only 1 case (5) without definite proof. We report the uncommon induction of an LDE by spironolactone which was definitely proved by a patch test and subsequent histological examination of the test area.

CASE REPORT

A 73-year-old female patient presented herself at our department with brownish erythematous, maculo-papular skin lesions which had first appeared on the arms and then progressed to the chest, the upper back, the lower and upper thigh and the buttocks within 7–10 days (Fig. 1).



Fig. 1. Clinical aspect of the patient suffering from extensive erythematous-brownish skin lesions.

She was treated with digitoxine, furosemide and spironolactone for cardiopathy. A punch biopsy was diagnostic of LDE. Withdrawal of furosemide and spironolactone led to the disappearance of itching, whereas the morphological properties of the skin alterations remained stable for more than 2 months.

A patch test performed on clinically uninvolved skin at the lower back revealed a type-IV reaction to spironolactone after 24 h, which persisted for more than 96 h. Histological examination of a punch biopsy taken from the test area after 72 h showed acute eczema with lichenoid features. No reaction to furosemide, tested simultaneously, was observed.

DISCUSSION

Drug eruptions caused by spironolactone are rare disorders. Only 2.4% of all side-effects of this drug are manifested on the skin (6); of these only one case of a lichenoid drug eruption has been reported (5). Other studies showed no allergic cutaneous reaction in 276 recipients (7) or 1,291 recipients (8), respectively. However, as shown in our patient, spironolactone may induce severe lichenoid eruptions. Patch test and subsequent histological examination of the test area allowed the definite assignment of the observed phenomenon to spironolactone, indicating patch tests to be a useful diagnostic tool in spironolactone-induced LDE.

Withdrawal of the causative drug did not lead to quick resolution of the skin eruption; the observed alterations decreased slowly and were visible even after 3 months.

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