


Acute localized exanthematous pustulosis (ALEP) caused by the association amoxicillin-clavulanic acid

Acute localized exanthematous pustulosis (ALEP) is an atypical variant of the rare drug reaction acute generalized exanthematous pustulosis (AGEP). It is an acute and localized aseptic subcorneal pustular eruption caused by medicines. It is usually present 24 hours after exposure and in about 80% of the reported cases it is caused by antibiotics, especially beta-lactam agents. The diagnosis is clinical (cause-effect, temporal association) and the condition is reversible in about 2 weeks after discontinuation of the responsible drug and treatment with systemic corticosteroid. A few cases of ALEP attributed to the oral combination amoxicillin-clavulanic acid have been described.

Female patient, age 26 years, Caucasian, lawyer, treated with the oral combination of amoxicillin (875 mg)-clavulanic acid (125 mg), every 12 hours, for an inguino-crural infection. After 24 hours of this treatment, she presented with dizziness and a painful and pruritic pustular eruption on her chin (Figure 1). A similar eruption was triggered by the same antibiotic combination 3 years ago after surgery for acute appendicitis. She also has irritable bowel syndrome and vasovagal reactions for many months. She has been on oral contraceptives for many years. She presented a positive family history for asthma and rhinitis. Physical examination was otherwise normal with an axillary's temperature of 36.4°C. She was diagnosed as having recurrent ALEP caused by the combination of amoxicillin-clavulanic acid, which was immediately discontinued. Oral fexofenadine 180mg/day and prednisone 20mg/twice a day were instituted with complete resolution of the pustulous eruption in 3 days. The following laboratory work-up was normal or negative: CBC, differential, platelets, ESR, CRP, aspartate aminotransferase and alanine aminotransferase (AST and ALT), serum immunoglobulins (IgG, IgA, IgM, IgE), complement (C3, C4 and CH50), anti-HIV-1&2, and lymphocyte subpopulations (CD3+, CD19+, CD4+, CD8+, CD4+/CD8+ ratio, CD56+, CD16+). Gamma GT was elevated (67 U/L with a normal value lower than 40 U/L), and a positive ANA of 1:320 with a nuclear fine dense pattern was detected but it was negative for all the other pertinent cell structures. These were considered as non specific laboratory changes.

Figure 1 - Acute localized exanthematous pustulosis (ALEP) on the chin caused by the combination amoxicillin-clavulanic acid

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REFERENCES


