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Case Report

CIPROFLOXACIN INDUCED DRUG REACTION- A CASE REPORT

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ABSTRACT

Ciprofloxacin is a commonly used flouroquinolone antimicrobial. It is used for treatment of urinary tract infections, prostatitis, bacterial gastroenteritis, gonococcal urethritis, proctitis and cervicitis. The most common adverse reactions are mild nausea, vomiting and/or abdominal discomfort in 3% to 17% of patients, mild headache and dizziness in 0.9% to 11% of patients. Rashes including photosensitivity can also occur. A 30 year old male patient developed itching with darkening of skin over lips and eyes which later progressed to hyperpigmented macules and bullous scabs over lips and genitals after administration of ciprofloxacin (ciprodac). Patient was treated successfully with antihistamines and steroids. The Naranjo and Uppsala monitoring centre scale showed it is a possible adverse drug reaction.

Keywords:

INTRODUCTION

Ciprofloxacin is a commonly used flouroquinolone antimicrobial. It inhibits bacterial DNA synthesis and is used to treat a number of bacterial infections. Flouroquinolones are generally regarded as safe antimicrobial agents with relatively fewer adverse effects. The therapeutic uses[1] of ciprofloxacin are urinary tract infections, prostatitis, bacterial gastroenteritis, gonococcal urethritis, proctitis and cervicitis. The most common adverse reactions[1] are mild nausea, vomiting and/or abdominal discomfort in 3% to 17% of patients, mild headache and dizziness in 0.9% to 11% of patients. Rashes including photosensitivity can also occur. This is a case report collected from the pharmacovigilance cell.

CASE REPORT

A 30 year old male patient was prescribed ciprofloxacin (ciprodac 500mg BD), paracetamol (500mg TID), multivitamin (OD) at an outpatient clinic for fever of 2 day duration. The patient had taken the above drugs for one and half day. On the second day, the patient reported with itching and mild discomfort with darkening of skin over lips and eyes. This progressed to hyperpigmented macules and bullous scabs over lips and genitals. On admission, the patient was conscious and vitals were normal. Other systemic examination was normal. There was no past history or family history of drug allergy. The patient was treated was treated with antihistamines and steroids for five days after which he recovered completely.

DISCUSSION

The Naranjo criteria and Uppsala monitoring centre scale are frequently used for determination of causalty of suspected adverse drug reaction. The causalty assessment using of this adverse drug reaction using the above revealed that this adverse drug reaction is possible. The Hartwig and Seigel scale assessment of severity of the adverse drug reaction revealed it to be a moderate one.

There have been earlier reports of reactions such as exanthematous pustulosis[2], pyoderma gangrenosum[3], leucocytic vasculitis[4] with use of ciprofloxacin. This particular patient could be allergic to any specific moiety of ciprofloxacin (Ciprodac). Further epidemiological studies are needed for evaluation of such individuals.

CONCLUSION

Caution is needed in patients who are hypersensitive to the above mentioned drug.

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ILLUSTRATION

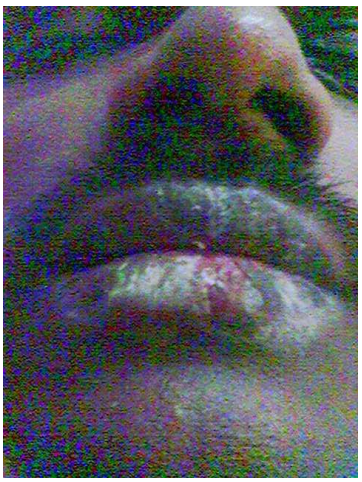

Fig 1: it shows ciprofloxacin induced drug reaction