

DICLOFENAC-INDUCED URTICARIA IN PAEDIATRIC PATIENT

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ABSTRACT

Non-steroidal anti-inflammatory drugs are most commonly used analgesics. Rash, itching, angioedma, gastritis are common reactions that we see with these drugs. A 13-year old boy presented with skin rash, eruptions on both eyes on forehead when Diclofenac was administered in the dose of 50mg (Reactin) which was diagnosed as urticarial angioedema. The case highlights the potential danger of using Reactin in hypersensitive individuals

Keywords: Pharmacovigilance Cell, Hartwig Seigel, UMC (Uppsala Monitoring Center Scale).

INTRODUCTION

Adverse drug reaction monitoring center (Pharmacovigilance Cell) is established to analyse, report and monitor drug reactions. The present reaction is due to the drug Diclofenac 50mg (Reactin) used in a pediatric patient. Caution is needed in patients with hypersensitivity, while using non-steroidal anti inflammatory drugs. Epidemiological studies are needed to support the context.

DESCRIPTION OF CASE

A 13-year old male child attended the out-patient department with complaint of itching and swelling over both eyelids. Patient was referred to the Department of Dermatology. History reveals that patient had taken tablet Diclofenac 50mg (Reactin), after which he developed itchy swellings over eyelids, slightly erythematous and edematous (wheals) of size around 2cm by 1cm. Diagnosed as urticaria angioedema. There was no previous history of asthma or allergy and vital signs were within normal limits. Antihistamines and steroids were administered parenterally after which reaction subsided over a period of three days.

**RESULT**

Naranjo's scale and Uppsala monitoring scale are used to assess the causality of drug reactions. The present reaction is considered probable with score 7. It is based on positive temporal relation between drug and event and positive de challenge where the reaction abated after drug has been stopped. Hartwig Seigel scale is used to assess severity of drug reaction. The present reaction is described Moderate type- with hospitalization and change of treatment. Caution is needed in pediatric patient who are hypersensitive and allergic to non-steroidal anti inflammatory drugs.

DISCUSSION

In the present case, we found urticarial angioedema, skin rash all over body with bullous eruptions on forehead with swelling of eyelids and lips which was treated immediately by administering

parenteral anti-histaminics and steroids. This reaction is in relation to allergic reactions described in Annals of Thoracic Surgery 2002, 74, 2176-2177 with skin rash dry cough, dyspnea leading to pneumonitis after using Diclofenac as analgesic in a case of chest surgery. Journal of Indian Pediatrics in the year 1999, 36, 1067-1069 refers to a case of 9-year old girl with skin rash; dyspnea leading to Diclofenac induced anaphylactic reaction and death within 12hrs of administration of drug at dose of 2mg/kg body weight. Studies in Pharmacogenetics and Pharmacoepidemiology are needed to delineate the cause of drug reaction.

CONCLUSION

Diclofenac induced urticarial angioedema can be fatal if untreated in proper time. Immediate medical care is needed for any drug reaction associated with Diclofenac in the view of above references. Hence caution is needed in patients who are hypersensitive to Diclofenac when prescribed as pediatric analgesic. The above case is supported by few Photographs at the time of reaction.

REFERENCES

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