Symmetrical drug-related intertriginous flexural exanthema following Syphilis treatment

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Introduction

Symmetrical drug related intertriginous flexural exanthema (SDRIFE), formerly known as 'Baboon Syndrome' is an uncommon benign self-limiting type IV hypersensitivity reaction which occurs following exposure to systemic drugs. Beta lactam group is the commonest cause for this reaction.

Benzathine penicillin G (BPG) which belongs to beta lactam group is the drug of choice in syphilis. In a case of drug reaction following syphilis treatment, the lack of awareness and inability to diagnose SDRIFE prevent patients from getting the most appropriate antibiotic, particularly where the treatment options are limited.

We report a case describing the management of a patient with syphilis who developed allergic reaction to both BPG and doxycycline. This is the first published case of SDRIFE during syphilis treatment.

Case history

A 37-year-old Romanian woman, with no known allergies, was diagnosed with late latent syphilis following a miscarriage at 11 weeks gestation. Baseline results showed positive total antibody, TPPA positive 1:80, RPR 1:1. She was never tested before. She commenced weekly intramuscular BPG injections. Five days after 1st dose, an itchy erythematous skin rash developed, involving bilateral buttocks and axilla.

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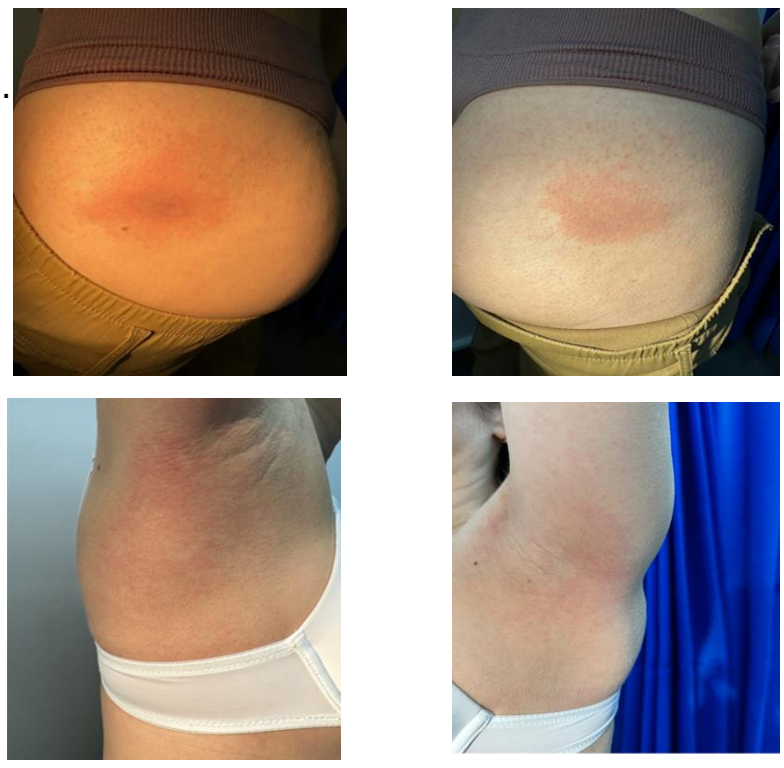

The 2nd injection was withheld, suspecting allergy, and she was switched to doxycycline 100mg twice a day for 28 days. The rash disappeared over 48hrs. On day 9 of doxycycline, new erythematous patches on limbs, and face developed without mucosal involvement or breathing difficulty. Doxycycline was stopped and referral made to local allergist service for assessment.

Results

Skin prick testing was negative for allergy to penicillin, amoxycillin and ceftriaxone, suggesting a delayed hypersensitivity reaction to BPG as is seen in 50% of cases. A diagnosis of SDRIFE was established based on clinical history and imaging. Two days after re-starting BPG, a minor rash developed but disappeared after one dose of prednisolone 20mg and fexofenadine 180mg. The full course of 3 x weekly injections were administered and treatment completed, RPR remains serofast at 1:1 after 3 months.

Discussion

SDRIFE is a clinical diagnosis with the following suggested diagnostic criteria:

- Occurrence after exposure to systemic drug
- Sharply demarcated erythema of buttocks / V-shaped erythema of thighs
- Involvement of at least one other flexural fold
- Symmetry of affected areas.
- Absence of systemic symptoms and signs.

Symmetrical involvement of buttocks and flexural surfaces make the SDRIFE unique. Proper diagnosis of SDRIFE in this patient was enabled to complete first-line treatment, allowing her return to pregnancy conception attempts.

Conclusion

Involvement of specialist allergy service in challenging scenarios is important to diagnose and risk assess the type of allergy, desensitise where possible, or advise on pragmatic treatment options especially where they are limited, and infections have potential for significant sequelae, such as syphilis.

Reference

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