

Fullana Carbonell A, Antón González A, Castillo Gómez B, Moral Gil L
Hospital General Universitario Dr.Balmis Alicante

INTRODUCTION

Acute generalized exanthematous pustulosis (AGEP) is a form of severe cutaneous adverse reaction (SCAR). The clinical presentation is an acute exanthem with sterile pustules over an erythematous base with or without peeling, involving mainly the trunk, folds and limbs. The prognosis is good in patients with no comorbidities, with expected resolution in 1-2 weeks.

Diagnosis is based on clinical and histology criteria. Drug provocation test is usually not performed in these patients.

CLINICAL CASE

A 5 year-old girl with psoriasis linked to a mutation in CARD14, under treatment with adalimumab, presents to the ER due to painful erythematous skin lesions with multiple white small pustules in the trunk, genital folds and arms. She had taken three doses of amoxicillin in the last 24 h due to acute otitis media. She was administered treatment with topical corticosteroids and after 24-48 h she started to peel. Full resolution was completed in less than a week.



She was then referred to pediatric allergy evaluation due to the suspicion of drug-induced AGEP. A patch test with amoxicillin gave a doubtful result at 48 and 96 hours, being negative in later readings. A drug provocation test with cefuroxime was negative.

Due to conflicting diagnosis in a patient with psoriasis, and after careful evaluation with informed consent from parents, a drug provocation test with amoxicillin was performed. No immediate reaction was observed, but 6 hours after the first dose she presented the same type of skin lesions as the previous episode confirming the diagnosis of AGEP. She was treated with oral steroids for 3 days, with complete resolution of symptoms and no long- term medical effect.

CONCLUSION

This is a case of a patient with psoriasis and AGEP. Confirmation by drug provocation test is a controversial issue that must be individualized.