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# **Case Report**

## **URTICARIAL REACTION TO CETIRIZINE**

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ABSTRACT - Cetirizine is most common drug used in allergic skin disorder with minimum side effects. Cutaneous reaction to cetirizine is very uncommon and reported side effects are urticarial rashes, morbilliform rash and fixed drug eruption. Here we report a case of unusual presentation of urticarial reaction to cetirizine.

Key words- Cetirizine, Drug reaction, Urticarial reaction.

### Introduction

Antihistamines are used routinely for urticarias, eczemas and various itchy and allergic disorders of the skin. The newer antihistamines have a more specific action on histamine receptors and have fewer adverse effects. Cetirizine is the carboxylic acid metabolite of hydroxyzine and is considered safe. It is commonly used as a first line drug in many allergic disorders including urticaria.<sup>[1]</sup> Common side effects include headache, dizziness, drowsiness. agitation, drv mouth and gastrointestinal discomfort. It is rarely the cause of cutaneous drug reactions. But quite interestingly it has been documented to cause or aggravate urticaria. <sup>[2-5]</sup> Although the exact mechanism behind cetirizine-induced urticaria is unknown, suggested mechanisms include a nonimmunological response, non-specific mast cell or alternate complement pathway activation. eruptions<sup>[6]</sup> with Generalized morbilliform pruritus and fixed drug eruption FDE [7-8] as a

result of this drug have been also described.

We are reporting a case of unusual urticarial reaction to cetirizine. The diagnosis was confirmed by oral provocation to cetirizine.



Figure 1 Polycyclic annular lesion over abdomen

### **Case report**

A 32 year old male patient attended Dermatology OPD in ESIC Model Hospital Jaipur with complaint of itchy red circular lesions over the abdomen [figure 1], axillae [figure 2] and groin since 2 days. According to patient he had ingested oral citrizine 10 mg two days back as

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#### **ESIC Medical Journal**

self-medication for pruritus. After 2-3 hours of ingestion of cetirizine he developed red raised round lesions over trunk with mild itching, for that he took another tablet of cetirizine but lesions progress in number and size with appearance of similar lesion in groin. The lesions start as erythematous edematous plaque, which gradually increase in size with central clearing forming annular plaques with erythematous polycyclic margins. He also developed erythematous swelling at wrist and ankle joints. He had no previous history of drug allergy. On examination annular erythematous lesion with raised margin and central clearing present over the abdomen, in axillae and groin. Localized erythematous swelling present over wrist and ankle joints. Clinical picture of the lesions mimicking to Tinea infection but short onset history and association with drug according to patient history suggest drug reaction to cetirizine. There was no history of intake of any other medication during this period. Patient was given oral fexofenadine 120 mg daily and local steroid for application. Lesions subsided within 3 days. To confirm the drug reaction, patient half tablet of cetirizine was given he developed the similar annular lesion with mild discomfort and itching. Fexofenadine was prescribed again and patient advised not to take cetirizine for in future any indication. Discussion

Reports of urticarial reaction to cetirizine were described but it is unusual polycyclic annular lesion presentation limited mostly over lower abdomen, axillae and groin area resembling superficial fungal infection clinically, but history of drug intake and development of similar lesion with intake of cetirizine suggests drug reaction to this anti-allergic drug.



a. Figure 2 Annular lesions in axilla Reference

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Source of Support: Nil, Conflict of Interest: None declared.





