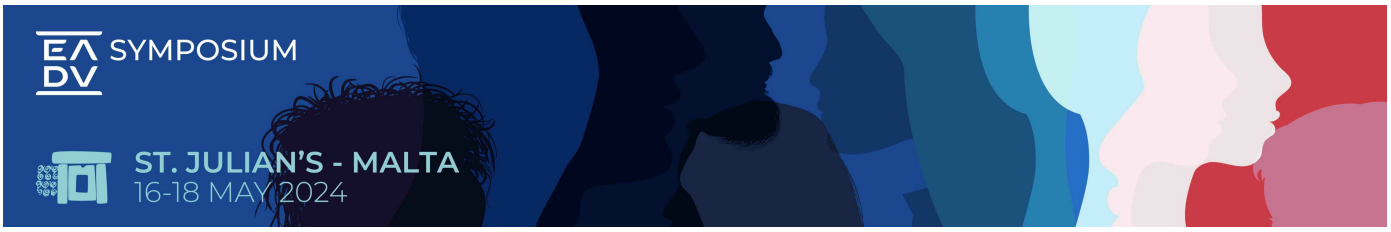

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Pityriasis rosea-like adverse reaction induced by Omeprazole: a case report

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Introduction & Objectives:

Pityriasis rosea (PR) is a common benign dermatosis that was first described by Gibert in 1860. It presents as an acute exanthem with macular or slightly papular erythematous lesions that progress in waves. These lesions are typically found on the trunk and proximal parts of the limbs, while sparing the face, scalp, palms, and soles. In rare cases, some medications can cause a drug eruption that clinically resembles Pytiriasis Rosea, known as PRG-like toxidermia. We report a case of Pityriasis rosea-like adverse reactions specifically attributed to omeprazole.

Materials & Methods:

We report a case of a 35-year-old male patient who presented with a sudden onset of erythematous macules and papules on his trunk and proximal limbs. He reported no other symptoms, such as itching or pain, and denied any recent exposure to new medications or substances. Upon further questioning, the patient revealed that he had been taking omeprazole for the past two weeks for the treatment of gastroesophageal reflux disease. The physical examination revealed characteristic herald patches and a Christmas tree pattern distribution of lesions, consistent with a diagnosis of Pityriasis rosea. Due to the appearance of lesions in successive waves with no tendency to regress, as well as worsening pruritus, an adverse reaction PRG-like induced by omeprazole, was suspected. Blood tests showed no abnormalities. The presence of numerous eosinophils and necrotic keratinocytes in the vesicles and epidermis, along with the perivascular lymphohistiocytic infiltrate in the dermis on histological examination, suggested a diagnosis of PRG-like toxidermia. However, discontinuation of omeprazole resulted in a favorable outcome, with complete regression of the rash and improvement of pruritus.

Results:

The PRG-like toxidermia is a rare form of a drug-induced rash, accounting for only 2% of cases. The literature suggests that several medications, including angiotensin-converting enzyme inhibitors, non-steroidal anti-inflammatory drugs, pristinamycin, omeprazole, terbinafine, and allopurinol, have been implicated in this type of toxidermia. Several factors distinguish PRG-like toxidermias from authentic PRG. These factors include the absence of an initial herald patch, pronounced inflammation of the lesions, severe and unresponsive pruritus despite antihistamine treatment, and the presence of blood hypereosinophilia both clinically and histologically. Additionally, the histological appearance of PRG-like toxidermia closely resembles that of typical PRG, characterized by eosinophilic dermatitis and occasional necrotic keratinocytes. Recognizing this type of adverse reaction is crucial to prevent prolonged symptoms and the development of severe manifestations if the medication responsible for the reaction is continued.

Conclusion:

The frequency of drug pityriasis rosea-like eruptions is probably underreported. The mildness of the eruption, mimicking a very common and self-limiting disease, does not prompt the use of medications until persistence, severity of lesions, and itching require re-evaluation of the original diagnosis.