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Topic: Adverse drug reactions, TEN

Atypical SDRIFE Associated with Hepatitis C Antiviral Treatment

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Introduction

Baboon syndrome, recently renamed Symmetrical Drug-Related Intertriginous and Flexural Exanthema (SDRIFE), is a flexural drug eruption characterized by symmetric erythematous lesions predominantly affecting the gluteal and intertriginous areas. It is most frequently reported with beta-lactam antibiotics, but other drugs—including certain antifungals, antivirals, and monoclonal antibodies—have been implicated. Very few cases of SDRIFE related to direct-acting antivirals (DAAs) for hepatitis C have been described to date.



Figure 1: Erythematous-squamous plaque topped with papules and hemorrhagic crusts, symmetrically located in the inguinal region.

Materials and Methods

A 38-year-old man with end-stage renal disease on dialysis and incidentally diagnosed hepatitis C developed a pruritic

rash one week after starting sofosbuvir and daclatasvir. Clinical examination revealed symmetric erythematous-squamous plaques with overlying papules and hemorrhagic crusts in axillary and inguinal folds, with satellite lesions on the abdomen and back. No mucosal involvement, facial edema, lymphadenopathy, or systemic signs were noted. Laboratory tests, including complete blood count and liver function, were normal. The diagnosis of SDRIFE was suspected based on clinical and chronological criteria. The antiviral therapy was discontinued, and the case was reported to pharmacovigilance. Symptomatic treatment with topical corticosteroids, barrier creams, and local care was initiated.



Figure 2: Erythematous-squamous plaques topped with papules and hemorrhagic crusts, symmetrically located in the axillary region, with satellite lesions on the back.

Results

Following discontinuation of the offending drugs and symptomatic management, the patient showed rapid clinical improvement with progressive resolution of the lesions. Diagnosis was based on the characteristic symmetric flexural distribution and temporal relationship with drug exposure.

Conclusions

SDRIFE should be suspected in any symmetric intertriginous eruption occurring after systemic drug exposure, even outside the typical beta-lactam class. This case highlights the need for vigilance regarding direct-acting antivirals for hepatitis C, particularly in vulnerable populations such as dialysis patients, and underscores the importance of reporting suspected reactions to pharmacovigilance to improve understanding of this under-recognized entity.