Oral Ofloxacin causing Erythema Multiforme Minor: A case report

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INTRODUCTION

Ofloxacin, a fluoroquinolone antibiotic widely used in the treatment of Urinary tract infection, Soft tissue infection and also used in combination with Ornidazole for the treatment of GI tract infections. Usually Ofloxacin is considered as safe drug and extensively used in out patient treatments by general practitioners. In this paper, we describe about single dose of oral Ofloxacin producing Erythema multiforme minor in 35 year old patient.

CASE PRESENTATION

A 35-year-old man presented to the out patient department of our institute with burning micturition, pain in the loin, vomiting. He had a diagnosis of Urinary tract Infection and physician prescribed Tab.Ofloxacin 400 mg once daily for seven days. Patient was not taking any other drug during this episode. Immediately the next day morning patient presented himself to the physician with reddish rashes on both the extremities, medial aspect of the sole and chin, He was referred to Dermatology Department immediately. Dermatologist after examination confirmed that he was suffering Erythema Multiforme Minor. On taking the past history for any similar reactions, patient said he had similar kind of lesions four months back when he took medicine for suffering diarrhea, and doctor immediately asked to stop the drug and the reaction subsided in three four days without any medication. Patient also had the remaining medicines which he bought last time for diarrhea, It was found that he was taking Ofloxacin and Ordinazole fixed dose combination on last episode. The patient was immediately asked to discontinue Ofloxacin which he was taking for UTI, and was prescribed steroids and patient recovered completely after a week.

DISCUSSION

Ofloxacin, fluoroquinolone antibiotic, is a potent antibiotic for most gram negative and gram positive organisms and also for certain anaerobes, also shows good activity against Chlamydia and Mycoplasma. Ofloxacins has a good safety record adverse affects occur in less than 10% of patients. There are, however, very little reports of life-threatening adverse events such as seizures, skin hypersensitivity reactions. This has prompted some authors to suggest that the drug's use should be restricted. In the Indian market, the drugs have a wide availability with over 85 different brands. The wide availability of this class of drug has promoted the off label use of these drugs, such as in the treatment of bronchitis, prophylaxis of any soft tissue injuries, almost all infective conditions.

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Some authors have suggested that Erythema multiforme minor may be a class effect, while others think it may be drug specific. There are also few reports of similar reactions seen with Ciprofloxacin. In the wake of the above evidence, and the increasing availability, casual use of Ofloxacin and other Quinolones. We need to be more cautious while using this drug and also to be aware of the various unusual side effects, especially when used in situations where it is not definitely indicated. Our case report underscores the importance of physicians judiciously using the drug so as to reduce the incidence of similar avoidable adverse drug reactions. And also importance of taking past history of any adverse incidence due to drug intake, which will be very much valuable in avoiding such situations.

CONCLUSION

We emphasize the need to be judicious in the use of Ofloxacin and other Quinolones due to their association skin reactions like Erythema multiforme. We also caution against the off label use of the drugs, especially in an out-of-hospital set-up.

COMPETING INTERESTS

The authors declare that they have no competing interests.

REFERENCES