CUTANEOUS DRUG-INDUCED RASH CAUSED BY AUGMENTIN: A CASE REPORT

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ABSTRACT

Amoxicillin is a broad-spectrum, bactericidal antibiotic, which belongs to the group of β-lactam antibiotics. These β-lactam groups of antibiotics are commonly used to treat bacterial infections caused by susceptible microorganisms. A 4 years male child brought by his mother who is reliable information with chief complaints of Fever since 1 week, Cold & Cough since 10 days, and Loss of appetite. Based on the complaints and past medical condition for evaluation was done. With the above performed appropriate lab data condition was final confirmed as viral fever. Augmentin does not have efficient effect on virus. [AUGMENTIN will not work against infections caused by viruses such as colds or the flu]. Hence, this is not much preferable in viral fevers. In routine clinical practice, physicians have a tendency to prescribe antibiotics to patients presenting with fever, cold and sore throat without exploring the underlying aetiology. The current case report calls for judicious use of antibiotics in setting of suspected viral infections. This may have tendency to develop adverse drug reactions (ADRs) like, Maculopapular rash.

KEYWORDS: Amoxicillin, Augmentin, Maculopapular rash, viral infections.

INTRODUCTION

Amoxicillin is a broad-spectrum, bactericidal antibiotic, which belongs to the group of β-lactam antibiotics. These β-lactam groups of antibiotics are commonly used to treat bacterial infections caused by susceptible microorganisms. They are frequently used to treat common infections such as upper respiratory tract infections (URTIs) and lower respiratory tract infections (LRTIs) in both adult as well as paediatric population.[1]
The incidence was estimated as being between 80% and 100%, and the figures have not been reviewed since those first accounts. We sought to establish the current incidence of rash associated with antibiotic treatment among children with AIM.[2]

Amoxicillin is usually the drug of choice within the class because it is better absorbed, following oral administration, compared to other β-lactam antibiotics.

**Signs and symptoms of an ampicillin or amoxicillin rash**

- **Hives**
  These are raised, itchy, red or white swellings. Hives usually occur after one or two doses.

- **Maculo-papular rash**
  This is a flat, red rash on the skin, covered with patches that are small, pale, raised and irregularly spaced. It is generally occurred 3 to 10 days after starting the medication.[4]

Amoxicillin is known to induce maculopapular or morbilliform type of rash in paediatric population, also known as ‘amoxicillin-induced morbilliform rash’. [3]

**Amoxicillin Rash Complications**

The rash may be mild or severe and potentially life threatening. The following are all possible forms of Amoxicillin rashes.[5]

- **Stevens-Johnson Syndrome**
- **Anaphylaxis**
- **Exfoliative Dermatitis**
- **Erythematous Rashes**
- **Miscellaneous Rashes**

**CASE REPORT**

A 4 years male child of height 106.7cm, with weight of 15.2 Kg brought by his mother who is a reliable information with chief complaints of Fever since 1 week, Cold & Cough since 10 days, Loss of appetite.

On examination child was conscious, Febrile, pulse rate-120/min, respiratory rate-28/min, and Par- abdomen was found to be soft, no organomegaly.
Past medical history, mother complained of fever, 20 days back and was subsided with medication. On further questioning to child mother it was revealed that, swelling over the scalp as developed and was decreased with OTC (over the counter) medication.

Laboratory findings: Chest X-ray, Ultra sound scan of abdomen was found to be normal. Serology was done and which revealed widal negative. Erythrocyte sedimentation rate 1st hour - 20mm and 2nd hour - 35mm. Complete blood picture: Haemoglobin was much low (8gms %). Total leukocyte count, differential leukocyte count and platelets were found to be in normal range. Blood smear was performed and which revealed microcytic and hypochromic.

Based on the complaints and past medical condition for evaluation was done. With the above performed appropriate lab data condition was final confirmed as viral fever.

Treatment
Tab.Paracetamol-500mg/QID in divided doses, Syp.Ambroxol-5ml/BID, Syp.Augmentin (Amoxicillin+clavulonicacid-5ml/TID, Tab.Dicyclomine (Cyclopam/Buscopan), Tab/PO/SOS, Tab.Pantoprazole-20mg/OD, IVF – DNS@1250ml/hr, Inj.Ceftriaxone-600mg /IV/BD, Sporolac sachets-2, ORS 1 packet in 1 litre of water.

Here, the same treatment was continued for four days, then the child has developed pruritus and rashes on his both lower limbs. Then the physician has stopped Augmentin treatment and advised 5mg of levocetrizine tablet to be taken orally once daily for 4 days. On follow-up, the child mother had reported complete resolution of his pruritus and rash within four days of treatment.

Picture no: 1 Shows Maculopapular rash on lower leg and ankle
DISCUSSION

Treatment for Amoxicillin Rash

In most cases it is not necessary to treat an amoxicillin rash. If the rash is not causing any discomfort it will simply disappear once the child finishes their prescription. This includes developing hives or the rash becoming itchy.\textsuperscript{[6]} Medications, taking antihistamine medication such as Benadryl and levocetirizine can help take down the rash if it is uncomfortable or has lasted for several days. If it becomes necessary to take medication to rid of the effects of the rash then it may be best to avoid amoxicillin medication in the future.\textsuperscript{[7]}

Augmentin does not have efficient effect on virus. [AUGMENTIN will not work against infections caused by viruses such as colds or the flu]. Hence, this is not much preferable in viral fevers.

CONCLUSION

In routine clinical practice, physicians have a tendency to prescribe antibiotics to patients presenting with fever, cold and sore throat without exploring the underlying aetiology. The current case report calls for judicious use of antibiotics in setting of suspected viral infections. This may have tendency to develop adverse drug reactions (ADRs) like, Maculopapular rash. As indiscriminate antibiotic use might invoke deleterious skin reactions and thus increase the cost of healthcare.
REFERENCE


