

## 8. Acute Generalized Exanthematous Pustulosis Induced by Terbinafine Mimicking Toxic Epidermal Necrolysis

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**Introduction:** Acute generalised exanthematous pustulosis (AGEP) is a severe eruption which is usually drug related. Diagnosis criteria include: acute pustular eruption; fever above 38°C; neutrophilia with or without a mild eosinophilia; subcorneal or intraepidermal pustules on skin biopsy; spontaneous resolution in less 15 days. Terbinafine is known to cause AGEP and toxic epidermal necrolysis (TEN). We describe a case of AGEP with cutaneous detachment mimicking TEN following ingestion of terbinafine.

**Observation:** A 53-year-old woman with history of hypothyroidism treated by L-thyroxine: 0.5 tablet/day, was given terbinafine for intertrigo (1 tablet/day). Twenty-one days after, she developed an erythematous-papular and pustular eruption with fever (38.3°C), and was immediately admitted in the dermatology department. Cutaneous examination showed a generalised non follicular pustular eruption predominant on the large folds, some bullies on the limbs, a purpura in palmar surface and planter feet. In the same day skin biopsy showed subcorneal and intra-epidermal pustules, dermal oedema, perivascular inflammation and epidermal exocytosis. Blood biochemistry showed a leukocytosis (18200/mm<sup>3</sup>), with 80% neutrophils and an eosinophilia (910/mm<sup>3</sup>). Blood culture and immunofluorescence were negative. The diagnosis of AGEP is retained, intrinsic imputation score was likely (12) and the responsibility of terbinafine was retained. She received corticosteroids therapy. Three days later, the patient presented an oedema of the face, hand, legs and detachment of large epidermal sheets. Nikolsky sign was positive, and TEN was suspected. But in view of the histological evidence of subcorneal pustules and the absence of keratinocyte necrosis, corticosteroid therapy was continued. After 3 weeks, evolution was favourable.

**Discussion:** In many cases AGEP and TEN have a similar history, types of associated drugs, immunology, clinical and histologic feature. Nikolsky sign and keratinocyte necrosis were observed in TEN and also in AGEP.

The use of corticosteroids therapy in TEN may be associated with an increased risk of death by increasing risk of infection, protidic catabolism and delay cicatrization. In contrast, corticosteroids therapy are useful in patients with AGEP.