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Fixed Drug Eruption due to Linezolid

Sir,

Linezolid is the first synthetic antibiotic belonging to the class "oxazolidinones" approved by the United States Food and Drug Administration.[1] It has a wide spectrum of antibacterial activity, especially in multidrug-resistant organisms. The ones of dermatological interest are skin and soft-tissue infections caused by (a) methicillin-resistant *Staphylococcus aureus* (MRSA) and (b) vancomycin-resistant *S. aureus*/heterogeneous vancomycin intermediate *S. aureus*.[1,2] In the wake of both hospital- and community-acquired MRSA, the use of linezolid is on the rise among various medical specialties. It is convenient to use as both oral (100% bioavailability) and parenteral preparations are available, good tissue penetration, and well tolerated by patients and relatively infrequent adverse effects with short-term usage.[2]

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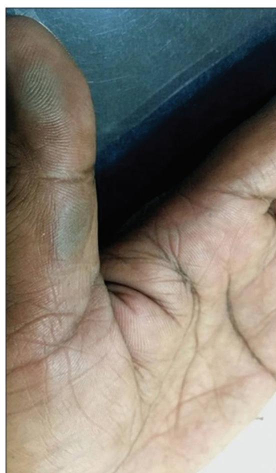

Figure 1: Two discrete slate-colored macules with surrounding erythema on the left thumb.

A 45-year-old nondiabetic male consulted a dermatologist for a minimally pruritic hyperpigmented lesion on the left thumb. He took treatment for perianal abscess caused by MRSA sensitive to linezolid. He was advised tablet linezolid (600 mg PO × bd) along with tablet diclofenac sodium (50 mg PO × bd) for 14 days. After 10 days of drug intake, he developed minimal pruritus on lateral aspect of the pulp of the left thumb followed by development of an oval, slate-colored patch (1 cm × 1 cm). A diagnosis of fixed drug eruption (FDE) was made, but the causative drug could not be pin-pointed. He was advised to stop both the drugs. Betamethasone dipropionate ointment was prescribed for topical application on the lesion and was asked to follow up.

The patient missed the follow-up visit but came after 1½ months with a new similar patch below the earlier one, with surrounding erythema [Figure 1]. At the same time, there was darkening of the earlier lesion and associated pruritus. The patient admitted that he was self-medicating with tablet linezolid for the past 7 days for a fresh abscess in the perineum. No other medication was taken this time. Linezolid was stopped and the patient was counseled regarding harms of self-medication and about chance of recurrence of the lesion with repeated insult.

A diagnosis of recurrent FDE due to linezolid was made. The adverse reaction spectrum of linezolid is mostly systemic.[1] The common side effects are nausea, diarrhea, and headache.[2] The severe ones are myelosuppression causing pancytopenia, thrombocytopenia, optic and peripheral neuropathy, lactic acidosis, and anaphylactoid-like reactions.[1,2] Rarely, elevation of serum transaminases and creatinine level may be seen.[1,2] All the side effects of linezolid are usually encountered with prolonged use (more than 2 weeks) and are reversible on withdrawal of the drug.[3] A rare drug interaction is "serotonin syndrome," if there is accidental co-prescription with selective serotonin reuptake inhibitors.[1]

Common cutaneous adverse effects related to linezolid known so far from published English literature are pruritus, macular exanthema, and maculopapular rash.[1,2] Other anecdotal reports include angioedema,[3] drug rash with eosinophilia and systemic symptoms,[4] and leukocytoclastic vasculitis.[5] FDE caused by linezolid has not been reported so far. The list of drugs causing FDE is long and ever-increasing with the use of newer molecules. This case with FDE due to linezolid is a new addition to the list.

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Conflicts of interest

There are no conflicts of interest.

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