

Fixed Drug Eruption Caused by Etoricoxib

Niya Catherine*

Department of Pharmacology, Sri Aurobindo Hospital, Indore, Madhya Pradesh, INDIA.

ABSTRACT

Etoricoxib is a COX 2 selective inhibitor it has one of the highest cox 2 selectivity and is one of the newer coxib class drug. Etoricoxib is an orally active cox 2 selective inhibitor that acts by blocking the cox 2 enzyme thereby reducing the formation of pro inflammatory prostaglandins without significantly affecting cox 1, which helps maintain GI protection and platelet function. Etoricoxib belongs to the NSAIDS class and exhibits anti-inflammatory, analgesic and antipyretic properties. A 56-year-old female patient was admitted for the management of hypertension. During her history taking she reported a highly pigmented deep bruise in her right thigh. She was diagnosed with osteoarthritis 2 years back and had been taking oral Etoricoxib 90 mg for pain management for the past 1 year. Overtime she noticed that a black discoloured bruise started appearing on her upper thigh. On examination it was confirmed that a fixed drug eruption was likely caused by prolonged Etoricoxib use. The medication was discontinued and tramadol 40 mg was prescribed for pain relief. Fusidic acid cream was applied locally to aid skin recovery. This case highlights the importance of use of NSAIDS like Etoricoxib particularly in long term therapy. Prolonged use can lead to adverse effects such as fixed drug eruptions and unexplained bruising. Regular monitoring, early identification of side effects and timely withdrawal of the offending drug are essential to prevent complications and ensure patients.

Keywords: ADRs, Etoricoxib, NSAIDS, Fixed Drug Eruptions.

Correspondence:

Dr. Niya Catherine

Pharm D, Department of Pharmacology,
Sri Aurobindo Hospital, Indore,
Madhya Pradesh, INDIA.
Email: niyacatherine666@gmail.com

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INTRODUCTION

Etoricoxib is a COX 2 selective inhibitor it has one of the highest cox 2 selectivity and is one of the newer Coxib class drug. It is widely used for the management of pain and inflammation in conditions such as osteoarthritis and rheumatoid arthritis. As a newer generation NSAIDs, it gives less GI side effects as compared to other NSAIDs by sparing COX 1 activity, which is essential for gastric and platelet function (Hinz and Brune 2002).

However, Etoricoxib is associated with various Adverse Drug Reactions (ADRs) including Cardiovascular risks and cutaneous hypersensitivity reactions (Whelton 1999). One such cutaneous manifestation is Fixed Drug Eruption (FDE), a distinctive type of drug induced skin reaction characterised by the recurrence of sharply demarcated, erythematous or pigmented lesions at the same site upon drug re-exposure (Sehgal and Srivastava 2006).

NSAIDs are known triggers of FDE, with multiple reports linking Etoricoxib to this reaction, particularly with long term use (Barvaliya 2011). Early recognition and withdrawal of

the offending drug are crucial to prevent the progression and recurrence.

Moreover, the role of pharmacovigilance is to identify, document and analyse such rare ADRs to improve patient safety and therapeutic decision making (Arulmani 2008).

This case report presents an instance of etoricoxib induced fixed drug eruption in a patient on long-term therapy.

CASE PRESENTATION

A 56-year-old female was admitted with a medical history of type 2 diabetes mellitus and hypertension diagnosed 8 years back and came to the hospital for the management of hypertension. During history taking she reported there is a development of a progressive deep, black pigmented bruise on her right upper thigh. She had been diagnosed with osteoarthritis 2 years prior and had been orally taking etoricoxib 90 mg once daily for the past 1 year to manage joint pain. There was no history of trauma, coagulopathy or recent changes in the medication apart from the prolonged use of Etoricoxib. On clinical examination the lesion was consistent with Fixed Drug Eruption (FDE). Vitals on admission revealed a Blood Pressure of 160/100 mmHg, Pulse Rate of 88/min and SPO2 of 98%. She was pallor positive and on urine examination it showed proteinuria. Past medical history included successfully treated PTB 20 years ago.

The suspected offending drug etoricoxib was promptly discontinued because of the fixed drug eruption caused by this



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drug and for the management of pain tramadol 40 mg was prescribed. Fusidic acid cream was prescribed by the dermatology department locally to promote healing. The patients ongoing medications were the same for the management of diabetes and hypertension.

The fixed drug eruption caused by etoricoxib was assessed by using clinical evaluation, drug rechallenge and histopathology and by using WHO-UMC causality assessment scale.

DISCUSSION

Fixed drug eruption is a localised cutaneous adverse drug reaction characterised by the recurrence of lesions at the same site upon re-exposure to the offending drug (Sehgal and Srivastava 2006). While antimicrobials are the most commonly implicated agents, NSAIDs including selective COX-2 inhibitors like Etoricoxib, have also been associated with FDEs (Rathi and D'Souza 2011).

In this case the patient developed a deeply pigmented lesion on the upper thigh after prolonged Etoricoxib use. The diagnosis of FDE was supported by the lesion's appearance, chronicity and improvement after discontinuation of the drug. Although Etoricoxib has a favourable GI safety profile, rare dermatological reactions have been reported in post marketing surveillance and case literature (Sinha *et al.*, 2014).

CONCLUSION

This case highlights a rare but important adverse reaction- fixed drug eruption linked to long term etoricoxib use. The patients should get monitor for cutaneous reactions in patients on chronic NSAIDs therapy and educate them on the potential risks.

Prompt discontinuation and reporting to the pharmacovigilance programs are critical for improving patient safety and awareness or drug induced dermatological conditions and such fixed drug eruptions.

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CONSENT

Written informed consent was obtained from the patient for the publication of this case report.

CONFLICT OF INTEREST

The author declares that there is no conflict of interest.

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