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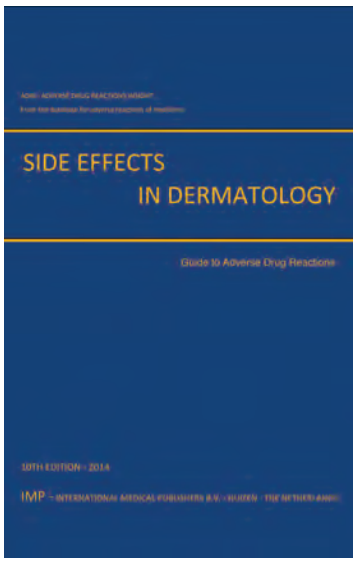

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Content

1. Description of Clinical Patterns

1.1. Acne

Drug-induced acne, clinically manifesting as strikingly monomorph papules or pustules, are found primarily on the upper parts of the body. Initially, comedones are absent, but they may appear spontaneously when the eruption lasts for some time. On discontinuing the causative drug, the eruption usually dissolves within a short while.

Acne may be due to many drugs, such as antibiotics (penicillins, macrolides, co-trimoxazole, doxyxycline, ofloxacin, chloramphenicol), amineptine, isotretinoin, azathioprine, lithium salts, olanzapine, ciclosporin, maprotiline, nystatin, naproxen, itraconazole, hydroxychloroquine, cyanocobalamine, psoralens, and, more specifically, to the following drugs:

Hormones (corticosteroids, corticotrophin (ACTH), oral contraceptives and androgenic hormones)
Corticotrophin and corticosteroids induce acne-like eruptions only after puberty. The eruption is mainly a result of follicular occlusion. In contrast to acne vulgaris there is no sebaceous gland hyperplasia and the eruption is not necessarily limited to sebaceous areas. Common localisations are the forehead and the chin. The onset, usually after a couple of weeks of treatment, tends to be abrupt. In contrast to acne vulgaris, there are no comedones. The skin is not oily, there is less pustulation and no cyst formation. The follicular occlusion may give rise to 'stippled skin', especially in the neck. Testosterone produces hypertrophy of the sebaceous glands and may cause acne that is indistinguishable from acne vulgaris in females. Oral contraceptives are sometimes used in the treatment of acne vulgaris. However, in other cases they may induce or aggravate an existing acne vulgaris, such as progesteron-releasing intrauterine devices. Some progesterones have androgenic effects and may cause hypertrophy of the sebaceous glands. On discontinuing oral contraceptives acne vulgaris may exacerbate temporarily for as long as the oestrogen production in the ovaries is not yet restored.

Halogens (bromides, chlorides, iodides, halothane)
Halogens are secreted in sebaceous glands. This may result in an

3. List of Drugs

Various sources have been used to arrive at a reasonable estimate of the occurrence for urticaria and the exanthematous eruptions. As these different sources of information are never accurate enough to provide exact percentages, only general classifications are presented. There is often a considerable variation in incidence figures for drug eruptions reported in the literature. These are due, at least partly, to differences in the population at risk. For drug groups, no incidences can be estimated as these may widely differ between individual drugs.

1 common	(> 2 %)	3 unusual	(0.1-1%)
2 may occur	(1-2%)	4 rare or non-existent	(< 0.1%)

Rates are based on oral administration. Parenteral administration may give a higher classification.

Some drugs are marked with asterisks:
* can cause urticaria by non-immunologic mechanisms
** tests for allergy are reported to be positive

As a rule references are limited if possible to one recent reference on a particular adverse reaction presupposed that it provides easy access to the earlier literature.

	URTICARIA * & **	EXANTHEMA **	ADVERSE REACTION	REF. **
abacavir	1	1	anaphylaxis	1212
			DIHS	1383
			exanthematous eruption	1602
			SCAR	1334
			Sweet's syndrome	1506
abatacept			psoriasis	208
abciximab			anaphylaxis	1310
acebutolol	3	3	lupus erythematosus	12
			nail changes	13

2. List of Cutaneous Adverse Reactions

Abscess
Acanthosis nigricans
Acne
Acne (neonatal)
Acrodermatitis
Acromegaloid features
Acute generalised exanthematous pustulosis (AGEP)
AGEP: acute generalised exanthematous pustulosis
Ageusia
Agranulocytosis
Alopecia
Anaphylaxis
Angioedema
Angiofibroma
Angiolipomatosis

4. References

Where possible the most recent references are given, as these provide the easiest access to the literature in question.
For further information the reader is invited to consult the ADRI database (Adverse Drug Reaction Insight) via www.impmedia.nl.

In some instances extra information is added [in parentheses] to specify the reference further.

1 Cronin E. Contact Dermatitis 1980;6:3
2 Martindale W, et al. Extra Pharmacopoeia [1972]
Dukes MNG, et al. Meyler's Side Effects Drugs [1977]
3 Hom KA, et al. Int J Pediatr Otorhinolaryngol 2012;76:14
Murray A, et al. Postgrad Med J 1998;74:571
Kozel MM, et al. Clin Exp Dermatol 1995;20:60
Bias D, et al. J Rheumatol 1997;24:1242 [fosinopril]