TRAMADOL INDUCED FIXED DRUG ERUPTIONS - A CASE REPORT

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ABSTRACT
Fixed drug eruptions are common cutaneous adverse drug reactions, commonly caused by antibiotics and analgesics. Here, we report a case of a 30-year-old male of fixed drug eruptions due to Tramadol which was used in treatment of general body-ache.

Key Words: Bullous Eruption, Drug Reaction, Tramadol

INTRODUCTION
Adverse drug reactions are major hazard of modern medicine. Among all these, cutaneous drug reactions are an important clinical entity that can endanger the life of the patient. Fixed drug eruption (FDE) is a distinctive drug-induced skin disorder with a characteristic recurrence at the same sites of the skin and/or mucous membrane after repeated exposure to the causative drug (Shiohara, 2007). The most common drugs causing FDE are antibiotics (sulfonamides, amoxicillin, tetracyclines, doxycycline etc.) followed by non-steroidal anti-inflammatory drugs (salicylates, diclofenac etc.) (Chatterjee, 2006). Here, we are presenting a rare case of a 30-year-old male of fixed drug eruptions to Tramadol.

CASES
A 30-year-old male presented to the skin OPD with a history of rash since morning of that day. These rashes were associated with burning and itching. A complete history was taken which revealed that he had taken drug (tab Tramadol 50 mg) in last night which was followed by itching with rash in next morning. On examination, 4-5 ulcerative, hyperpigmented lesions were found on both lower limbs. Among these one was bullous in nature on dorsum of right foot (Figure 1).

Figure 1: Bullous eruption on dorsum of right foot

One day prior to this, he had presented to a general physician with symptoms of general body-ache. Although no diagnosis was found in the documents provided by the patient, he was prescribed Tramadol
and after that he wake up in next morning with these lesions. There was a history of similar lesions in the past due to diclofenac and ibuprofen because of which physician prescribed him Tramadol. No involvement of the upper extremity and face were present. Routine blood investigations were normal. The causality assessment (score=6) was carried out using the Naranjo ADR probability scale (Naranjo, 1981). A diagnosis of FDE to Tramadol was made and the patient was instructed not to take same drug again. The treatment was started with systemic steroid prednisolone, antihistaminic and local treatment of wound. There was complete recovery of the patient from skin lesion within ten days.

DISCUSSION
Tramadol hydrochloride, a synthetic analogue of codeine, is a centrally acting analgesic used for the treatment of moderate to severe pain. Tramadol and its active metabolite, O-desmethyl tramadol, bind to μ opioid receptors thus exerting their effect on GABAergic transmission. They also inhibit reuptake of serotonin and nor-adrenaline neurotransmitters (Raiger, 2012). The most commonly reported adverse drug reactions of Tramadol are nausea, vomiting, sweating, itching, dry mouth and constipation. Drowsiness is also reported, although it is less of an issue than for other opioids. Long-term use of high doses of Tramadol may be associated with physical dependence and a withdrawal syndrome. But FDE to tramadol is very rarely reported (Goodman Gilman, 2011). Commonly prescribed drugs for generalized body pain are non-steroidal anti-inflammatory drugs. The main indications of Tramadol are acute post-operative pain and mild to moderate type of chronic pain (Rang, 2012). The physician’s choice of using Tramadol for generalized body pain is not justifiable, though patient had given history of allergy to diclofenac and ibuprofen.

In the present case, the patient presented with FDE immediately after oral administration of Tramadol and completely recovered after stopping the drug. In this case, Naranjo’s algorithm (Naranjo, 1981) was used to determine a plausible reaction due to Tramadol. The following criteria were considered: lesions developed following Tramadol administration and the patient was apparently normal before the intake of drug (score +2); the condition improved within 2 days of discontinuation of Tramadol (score +1); the differential diagnosis of viral fever or any underlying systemic condition with similar manifestations were ruled out (score +2); there was a history of similar lesions by such type of drug in past (score +1). Based on the total score of +6, the patient was categorized as ‘probable’ adverse reaction due to Tramadol administration.

Therefore, this rare case is presented to know the various side effects associated with Tramadol which is a commonly prescribed analgesic for acute post-operative pain and also mild to moderate type of chronic pain.

REFERENCES
Case Report