

Nimesulide induced flaring in psoriasis

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ABSTRACT

Background: *Nimesulide is a cyclooxygenase (COX) inhibitor with a high degree of selectivity to COX-2. It is a widely used and well tolerated non steroid anti-inflammatory drug that also has analgesic and antipyretic properties. The most frequently reported side effects concern the GI tract. Pruritus and skin rash are the most common cutaneous adverse reactions. Case report: This is a case report of a 58 years old patient who came to ER with develop wheal, multiple joint pain sparing PIP/DIP joint, fever, generalized weakness, decrease oral intake after nimesulide ingestion. He also gave a history of psoriatic arthritis. He was managed with intravenous steroids, antibiotics, antihistaminic & iv analgesics Result: After 2 days of medications his general condition improved, joint pain reduced, appetite improved and discharged on oral medications Conclusion: Drug induced flare is common cutaneous drug reaction, often misdiagnosed. A detailed history taking and physical examination are the key to suspect this condition.*

INTRODUCTION

DRUG Induced flare, is a hypersensitivity reaction that can affect any part of skin and/ or mucous membrane, characterized by sharply marginated, red, tender, localised/ generalized wheal with/without generalized symptoms like fever, generalized weakness.

Drug induced flare is common hypersensitivity reaction occurring in all ages, although more common in child and young adult.

The localised drug induced flare can be misdiagnosed with psoriatic arthritis and SLE.

It is currently known that many drugs can cause drug induced flare, some seem to be more frequent. The most common drugs are NSAIDs and Acetaminophen.

CASE REPORT

We report a case of a 58 years old male came to ER with multiple joint pain sparing PIP/DIP joints, generalised weakness, fever, redness and swelling over malar region of face, decrease oral intake for 1 day after ingestion of nimesulide. Patient is known case of psoriatic

arthropathy and type 2 diabetes mellitus. he is taking medicine for psoriasis for last 2yrs and getting relief with medications with few silvery scaly lesions over joints. Patient had taken nimesulide for dental pain 1 day before symptoms appears.

On examination we found that patient was afebrile, vitals was stable, blood sugar with in normal range.ON systemic examinations, no abnormality detected. On local examination, tender, red silverish scaly lesions seen over multiple large joints, red well demarcated wheal over malar area of face seen.



FACE

ELBOW JOINT

Blood investigations revealed leucocytosis (TLC-17.7), rest CBC was WNL, KFL was WNL, Urine R/M glycosuria 2+, HbA1c: 9, CXRPA/AP was WNL, he was managed conservatively with IV fluids, IV antibiotic, PPI, antiemetics, insulin, steroid , HCQs, and other supportive medications. After 2days of medications, TLC decreased to 7.8, General condition improved, joint pain reduced, appetite improved and discharged on oral medications and follow up after 5 days.

CONCLUSION

As in most cases, the causative agent was identified from the patient history, lesion appearance, but many times may misdiagnosed with others disease due to similar site lesion or superimposed over previous disease.

The treatment consistof drug discontinuation, lesions usually disappear within a week, typically steroid, antihistaminic, antibiotic and other supportive treatmentare required.

In conclusion, this seems to be a drug indued flare in psoriasis by nimesulide.

We believe it is important that physician be aware that although common, drug indued flare may misdiagnosed,and that a detailed anamnesis and physical examination are key to suspect this condition.

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