

Case 1

“What’s causing this rash?”

A 38-year-old woman presents with a pruritic, tender rash on the trunk and extremities that has not changed over the past few days (Figure 1). She has taken fluvastatin and sertraline for one year, and a popular over-the-counter weight-loss product for one or two weeks. The patient denies using any other medications. She has had no recent illnesses.

What are you looking at here?

- Urticaria
- Erythema multiforme
- An adverse drug reaction to fluvastatin
- An adverse drug reaction to sertraline
- An adverse drug reaction to the weight-loss product

Your initial approach is to:

- Advise the patient to stop all three agents
- Advise the patient to stop the weight-loss product
- Prescribe an oral antihistamine
- Prescribe a tapering course of prednisone
- Perform a skin biopsy

Answer

This is erythema multiforme, caused by a reaction to the over-the-counter weight-loss product, which the patient was told to stop taking (**answer from**



Figure 1. A pruritic, tender rash on the trunk.

question 1: B and E, and answer to question 2: B). The annular “target-like” appearance of the lesions are pathognomonic for erythema multiforme. It is unlikely that this reaction was provoked by fluvastatin or sertraline, which she had taken for a year without problems. If necessary, the clinical diagnosis can be confirmed by a skin biopsy.

Urticaria is transient; the wheals arise, resolve, and appear elsewhere, whereas this patient’s rash remained in the same location for several days. Oral antihistamines do not affect the course of the reaction, however, the sedating properties of some of these agents may cause drowsiness and limit the patient’s need to scratch.

Case 2

“What’s happened to my face?”

The sudden eruption of slightly pruritic and tender, discrete lesions during the previous week distresses a 38-year-old woman (Figure 1). She uses pimecrolimus cream for long-standing atopic dermatitis, and has not recently changed her moisturizer or makeup.

Do you recognize this condition?

- a. A flare of atopic dermatitis
- b. Acne
- c. Seborrhea
- d. Impetigo
- e. A contact dermatitis to the pimecrolimus cream or over-the-counter products
- f. Candidiasis

What changes will you make to her current regimen?

- a. Add a topical corticosteroid
- b. Add clindamycin lotion for the treatment of acne
- c. Add ketoconazole cream to treat both seborrhea and candidiasis
- d. Add mupirocin
- e. Discontinue the use of pimecrolimus cream, makeup, and moisturizers

Answer

The discrete, crusted, shallow erosions in this patient with atopy are characteristic of impetigo (**answer from question 1: D**). If necessary, a bac-



Figure 1. Pruritic and tender lesions.

terial culture can confirm the diagnosis. An antibacterial agent resolved the infection without recurrence (**answer from question 2: D**). Persons with atopy are more likely to contract staphylococcal and streptococcal infections.

Acne does not occur suddenly in a 38-year-old woman, and is usually neither pruritic nor tender. Deep, nodulocystic acne can be tender, but rarely develops in this age group. A flare of atopic dermatitis features diffuse erythematous, scaly lesions that usually involve the eyelids and lips. The lesions of seborrhea and associated erythema and scale are confined to the eyebrows, eyelids, and sides of the nose. A contact dermatitis produces erythema and scale in the distribution of exposure to the contactant.

Candidiasis can mimic impetigo. Consider this fungal infection in the differential diagnosis if antibacterial therapy fails.

Case 3

“Why has my acne flared up?”

An 18-year-old girl, who has recently returned from a hiking trip, complains of an itchy, three-day flare of her acne (Figure 1). The skin has been well-controlled with topical adapalene and sulfacetamide sodium lotion.

What is the likely cause of this rash?

- An acne flare
- A rosacea flare
- A contact dermatitis
- Urticaria
- Keratosis pilaris

What action do you take?

- Add an oral tetracycline antibiotic to the regimen
- Switch the topical therapy to metronidazole lotion
- Prescribe a corticosteroid cream
- Prescribe an oral antihistamine
- Prescribe a topical keratolytic, such as 12% ammonium lactate

Answer

This is an acute contact dermatitis (**answer from question 1: C**). The patient most likely brushed



Figure 1. An itchy flare up of acne.

against a poisonous plant on her hiking trip. The rash responded to a mild to mid-potency topical corticosteroid (**answer from question 2: C**), and there was no recurrence. Caution patients to avoid the eyelids when they apply a topical corticosteroid. Rosacea, which is accompanied by erythema, rarely affects teenagers. Acne may flare at any time, however, it is usually not pruritic. Unlike this rash, which lasted for at least three days, urticaria comes and goes. Keratosis pilaris is asymptomatic.

Case 4

“I can’t take this rash!”

For three days, a diffuse, pruritic rash on the trunk and extremities has bothered a 45-year-old man (Figure 1). One week earlier, he began taking an unidentified oral herbal preparation for symptoms of an upper respiratory tract infection. The symptoms persist.

What are your thoughts?

- a. A higher dosage of the herbal medicine is needed.
- b. A different herbal preparation would be more effective.
- c. The patient needs to change his detergent and/or

fabric softener.

- d. The herbal agent may be causing the pruritic rash.
- e. It is unlikely that the “all-natural” herbal remedy caused the rash.

What action do you take?

- a. Send the patient back to the herbalist for consultation and treatment.
- b. Advise the patient to discontinue the herbal remedy.
- c. Prescribe traditional antibiotics for the underlying upper respiratory tract infection.

XENICAL



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Xenical (orlistat), when used in conjunction with a mildly hypocaloric diet, is indicated for obesity management, including weight loss and weight maintenance. Xenical, when used in conjunction with a mildly hypocaloric diet, is also indicated to reduce the risk of weight regain in obese patients after prior weight loss. Xenical is indicated for obese patients with a BMI ≥ 30 kg/m² or a BMI ≥ 27 kg/m² in the presence of other risk factors (e.g. hypertension, type 2 diabetes, dyslipidemia, excess visceral fat). Xenical can be used in combination with anti-diabetic agents (sulphonylureas, metformin, insulin) to improve blood glucose control in overweight or obese type 2 diabetes patients who are inadequately controlled on diet, exercise, and one or more of a sulphonylurea, metformin, or insulin. For patients with type 2 diabetes, the reduced calorie diet should be consistent with the dietary recommendations of the Canadian Diabetes Association Guidelines for the Nutritional Management of Diabetes Mellitus in the New Millennium.

Xenical is contraindicated in patients with chronic malabsorption syndrome and cholestasis. Incidence of GI side effects: oily spotting (26.6%), gas with discharge (23.9%), faecal urgency (22.1%), fatty/oily stool (20.0%).

Caution should be exercised when prescribing Xenical to patients with a history of hyperoxaluria or calcium oxalate nephrolithiasis and patients with pre-existing disease of the large bowel or rectum.

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- d. Prescribe a systemic corticosteroid for the pruritic rash.
- e. Report this as an adverse drug reaction to the board of healing arts.

Answer

This is an adverse drug reaction to the medication received from the herbalist (**answer from question 1: D**). The patient's infection responded well to conventional antibiotic therapy. The adverse reaction cleared after the herbal remedy was discontinued, and a short tapering course of prednisone was given. Because the patient was too embarrassed to provide additional information about the herbal preparation, the case could not be reported to the board (**answer from question 2: B, C, D, and E**).

The absence of tender, target-like lesions ruled out an erythema multiforme reaction to the underlying infection or to the herbal remedy. A contact



Figure 1. A diffuse, pruritic rash on the trunk.

dermatitis was unlikely because the lesions were discrete and not scaly.

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