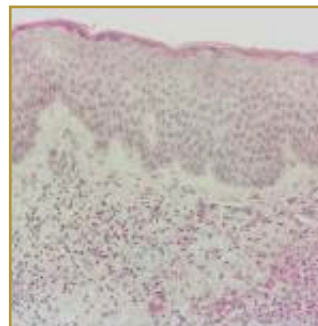




## DRUG-INDUCED PHOTSENSITIVITY



**EPIDEMIOLOGY:** Uncertain in the US, phototoxic reactions are considerably more common than photoallergic reactions.

**ETIOLOGY:** Prolonged sunexposure while on systemic medications or topically applied compounds

**PATHOGENESIS:** Manifested by a delayed erythema and edema, followed by hyperpigmentation and desquamation

**CLINICAL:** Often begins as an exaggerated sunburn. Vesicles and bullae may develop. Separation of the distal nail plate from the nail bed may also develop.

**HISTOLOGY:** In acute phototoxic reactions, necrotic keratinocytes are observed. If the reaction is severe, the necrosis is panepidermal. In photoallergic reactions, spongiosis with a dermal lymphocytic infiltrate is a prominent feature.

**DRUG-INDUCED PHOTSENSITIVITY** refers to the development of a cutaneous disease resulting from both a chemical and light effect, exposure to only one component will not cause the disease. Both phototoxic and photoallergic reactions occur in sun-exposed areas of skin (e.g. the face, V of the neck, and dorsa of the hands and forearms). A widespread eruption suggests exposure to a systemic photosensitizer, whereas a localized eruption indicates a reaction to a locally applied topical photosensitizer. Treatments include topical corticosteroids and cool compresses to alleviate the condition, corticosteroids should be reserved for more severe cases. The drug classes that currently are eliciting a high level of adverse photosensitivity are the diuretic, antibacterial and nonsteroidal anti-inflammatory drugs (NSAIDs).

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