l'origine d'un déficit sensoriel grave et d'un impact esthétique important. Ce ci passe par une psychothérapie mère- bébé mais aussi un accompagnement des parents dans le processus de l'annonce de l'handicap et un travail qui permettra son acceptation.

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Acute generalized exanthematic pustulosis induced by spiramycin : usefulness of patch testing.

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Acute generalized exanthematous pustulosis (AGEP) is a rare cutaneous reaction. It is drug-induced in more than 90% of cases and mainly associated with antibiotics. AGEP is characterized by acute, extensive formation of nonfollicular sterile pustules on an erythematous and edematous substrate, fever (>38°C), leukocytosis with an elevated neutrophil count, and spontaneous resolution in less than 15 days [1]. Patch testing may be useful in confirming the association between AGEP and the culprit drugs. [2]
We report a case of AGEP induced by spiramycin, confirmed by a positive patch test. This case was notified to the National Centre of Pharmacovigilance of Tunis (Tunisia) on October 24th, 2011.

Case report

A 23-year-old man had ichthyosis vulgaris that appeared few days following birth. He was treated for a dental abscess, with spiramycin, metronidazole, paracetamol, and tiaprofenic acid. Seven days after drugs intake, he developed a generalized pruritic eruption accompanied by fever at 39°C. He was admitted to the department of dermatology. Skin examination revealed a generalized, erythematous, infiltrated rash, with numerous, small and nonfollicular pustules, over the trunk and upper extremities. Mucous membranes were not involved.

Laboratory studies showed leukocytosis (14,390/mm^3) with neutrophil count of 8,150/mm^3, eosinophil count of 120/mm^3 and a C reactive protein level at 21.9 mg/l (normal <8). Liver function tests were abnormal with elevated Alanine aminotransferase 178 IU (normal <55) and gamma glutamyl transpeptidase 140 UI (normal <64). Results of bacterial and fungal cultures of pustules were negative. A skin biopsy specimen showed subcorneal pustules containing neutrophils and perivascular infiltrate composed of neutrophils and eosinophilis, consistent with AGEP.
All drugs were withdrawn and betamethasone cream was started. Five days later, the rash resolved with desquamation followed by complete healing within 12 days.
Patch tests were performed 6 weeks later with crushed tablets of spiramycin, metronidazole, paracetamol, and tiaprofenic acid at 10% in petrolatum and in normal saline. Only patch tests with spiramycin were positive at 48h (Figure 1). With the patient consent, oral challenge test with metronidazole, paracetamol, and tiaprofenic acid, done separately, showed good tolerance.
Based on the Begaud's method of imputation, the responsibility of spiramycin in inducing AGEP was classified as "likely" (I_3).

Figure 1: positive patch-test to spiramycine

Conclusion

The diagnosis of AGEP was made based on clinical, biological and histological findings. Patch tests to all taken drugs were made. Only the test with spiramycin was positive. Oral rechallenge test with the other suspected drugs was negative. In this case patch tests were helpful to determinate the culprit drug.

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