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Symmetrical Drug-Related Intertriginous and Flexural Exanthema

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Key Words

Symmetrical drug-related intertriginous and flexural exanthema · Radio contrast medium · Drug rash with eosinophilia and systemic symptoms

We congratulate Arnold et al. [1] for their interesting report on symmetrical drug-related intertriginous and flexural exanthema (SDRIFE, baboon syndrome). We especially commend the first criterion of this syndrome stating, what we emphasized some 15 years ago [2], that SDRIFE should be distinguished from hematogenous or systemic contact-type dermatitis, as suggested by Andersen et al. [3], when they first reported this syndrome.

We would like to make two comments that by no means detract from the scientific and educational value of this paper.

First, the authors state that ‘the particular pattern of SDRIFE has not been observed so far’ as a reaction to radio contrast medium (RCM). We refer them to our report [4] describing 11 patients with SDRIFE, one of them (case 10) due to RCM, thus supporting a causal relationship between RCM and SDRIFE.

Second, the fifth criterion of SDRIFE is absence of systemic symptoms and signs, which according to the authors [1] is important to distinguish SDRIFE from drug rash with eosinophilia and systemic symptoms (DRESS). Here, we disagree. We contend that a patient with an eruption that has the cutaneous appearance of SDRIFE but with additional systemic organ involvement should still be classified as SDRIFE and not as DRESS. As we had suggested in an earlier publication [5], we believe that all drug eruptions – involvement of other organ systems notwithstanding – are first and foremost dermatological diseases and, as such, they should be classified according to the cutaneous lesions. In other words, SDRIFE with systemic symptoms and/or eosinophilia should be defined as SDRIFE with systemic organ involvement and not as DRESS.

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Symmetrical Drug-Related Intertriginous and Flexural Exanthema – Reply

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Key Words

Symmetrical drug-related intertriginous and flexural exanthema · Flexural exanthema · Barium sulfate

We thank Dr. Wolf and Dr. Davidovici for their thoughtful comments on our case report [1].

We regret that the clinical case observation of a 79-year-old woman who developed the particular pattern of flexural exanthema a few hours after receiving barium sulfate by the gastrointestinal route [2] was not mentioned in our article. Since barium sulfate contains some additives, another allergen could have been responsible. To our best knowledge, iodinated radio contrast media have not been implicated in symmetrical drug-related intertriginous and flexural exanthema (SDRIFE) so far.

We definitely agree with the authors that the description and diagnosis of cutaneous drug eruptions often require the expertise of a dermatologist. However, most patients with cutaneous drug eruptions are initially seen by nondermatologists such as general practitioners. Particularly these physicians should be aware of the specific danger signs of the severer drug eruptions with internal organ involvement [3]. On the other hand, we believe that it is less a particular morphological pattern, such as a maculopapular exanthema or SDRIFE, than the danger signs of severer reactions,