Mucosal Fixed Drug Eruption

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Though fixed drug eruption (FDE) may affect any part of the skin, involvement of mucosae remains restricted mostly to muco-cutaneous junctions [1]. Involvement of the mucosa only without any skin involvement is extremely rare. Of 350 patients with FDE reported by Browne [2], only 2 had lesions over the hard palate. We herein report a patient with lesions of FDE over the palate.

A 42-year-old housewife presented with a single painful erosion over the palate of 10 days' duration. There was no history of similar lesions in the past and no history of fever, arthralgia or oral coitus. Examination revealed a well-defined circumscribed coinlike erosion 2 cm in diameter at the junction of the hard and soft palates. There was a fringe of shredded epithelium over the eroded patch. No other area of the oral mucosa was affected, and there were no cutaneous lesions.

Based upon the sudden onset, short duration and morphology of the ulcer, a diagnosis of FDE was made. Subsequent history revealed that the patient had taken a tablet of Novalgin® (analgin 500 mg) for headache prior to the development of the erosion. The patient was treated with 30 mg prednisolone daily initially which was then gradually tapered. The healing was complete in about 3 weeks. On subsequent provocation with Novalgin® (analgin, half a tablet, 250 mg), the lesion reappeared at the same site confirming the diagnosis of FDE.

Isolated FDE on the tongue in the form of pigmented patches have been reported in the literature [3, 4]. Such forms, including the one presenting as palatal erosion as in our case, are at times difficult to diagnose. A high degree of suspicion and exclusion of other common causes would lead to a correct diagnosis.

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