

Fixed medication eruption in many locations to the antihistamine cetirizine.

Fanny Charif*

Department of pharmacology, University Dijon, France

Introduction

The research and practices pertaining to the identification, evaluation, comprehension, and avoidance of side effects or any other drug-related issues are collectively known as pharmacovigilance, or PV for short. To guarantee the safe and efficient use of pharmaceutical products, it includes the gathering, tracking, evaluating, and interpreting of data from patients and healthcare providers [1, 2].

A popular second-generation antihistamine, cetirizine is well-known for its effectiveness in treating allergic responses, hay fever, and hives. But recently a fascinating and somewhat rare side effect called fixed medication eruption (FME) has surfaced, alarming both patients and medical professionals. This article examines cetirizine-related fixed medication eruption, including its clinical symptoms, possible causes, and implications for healthcare providers and cetirizine users [3, 4].

A cutaneous adverse drug reaction known as a "fixed medication eruption" is typified by recurring skin outbreaks in the same area following repeated administration of a particular medicine. Patients who use cetirizine-induced FME may get localized rashes or lesions that recur in the same locations every time they take the drug. Erythematous or hyperpigmented patches or plaques are common presentations of the distinctive skin lesions associated with fixed medication eruption. Tenderness, burning, or itching may accompany these eruptions. Interestingly, the lesions are localized to particular anatomical sites, offering a characteristic pattern that facilitates diagnosis. These eruptions typically happen on the limbs, genitalia, or mucous membranes in cetirizine-induced FME [5, 6].

Individual responses can differ, and the exact mechanisms driving cetirizine-induced fixed medicine eruption are not entirely understood. Nonetheless, it's thought that the inflammatory and immunological responses linked to medication hypersensitivity are involved. Like other drugs, cetirizine can interact with the immune system and cause aberrant reactions, which can cause skin outbreaks to recur when exposed to the same environment [7, 8].

A complete medical history, including the onset of skin lesions and the time of cetirizine consumption, is necessary for the diagnosis of fixed medication eruption. To confirm the diagnosis, dermatological examinations and, in certain situations, patch testing may be used. The main course of

action after the culprit drug is identified is to stop taking it—in this case, cetirizine. [9, 10].

Conclusion

Cetirizine's fixed medicine eruption acts as a reminder of the variability in people's reactions to drugs. Despite the fact that cetirizine is typically well tolerated and useful in treating allergy problems, medical practitioners should be on the lookout for strange skin reactions. Individuals who experience recurrent skin eruptions in particular areas should consult a physician right away in order to identify the underlying cause.

References

1. Rodrigues JM, Santos C, Ribeiro V, et al. Chinese Phytopharmacology in dermatology-A Systematic Review. *Pharmacolo Res Modern Chin Medic*. 2023;100255.
2. Hylwa S, Hurliman E, Liu J, et al. *Pocket Dermatology: A Practical, High-Yield Guide*. Sprin Natu 2022.
3. Chen J, Liu G, Wang X, et al. Glioblastoma stem cell-specific histamine secretion drives pro-angiogenic tumor microenvironment remodeling. *Cell Stem Cell*. 2022;29(11):1531-46.
4. Baldo BA, Pham NH, Baldo BA, et al. Drug allergy: Clinical aspects, diagnosis, mechanisms, structure-activity relationships. 2021:473-506.
5. Hays SM. Head, eye, ear, nose, mouth, and throat disorders. *Pediatric nurse practitioner certification review guide: primary care*. 2020 .
6. Wang CJ, Worswick S. Cutaneous manifestations of COVID-19. *Dermatol Online J*. 2021;27(1).
7. Yuan A, Woo SB. Adverse drug events in the oral cavity. *Dermatolo Clini*. 2020;38(4):523-33.
8. Gul U. COVID-19 and dermatology. *Turkish journal of medical sciences*. 2020;50(8):1751-9.
9. Alberio AM, Nuzzi G, Di Cicco M, et al. Fever and challenging cutaneous mimicked-urticaria reaction to amoxicillin-clavulanate in two children. *Clini Pediatr*. 2023;62(6):649-54.
10. Velasco R, Keller JJ. New onset delusional infestation following abrupt cessation of hydroxyzine. *JAAD Case Repor*. 2023;39:51-2.

*Correspondence to: Fanny Charif, Department of pharmacology, University Dijon, France, E mail: charif@anny.fr

Received: 28-Dec-2023, Manuscript No. AABPS-23-124853; Editor assigned: 01-Jan-2024, PreQC No. AABPS-23-124853(PQ); Reviewed: 15-Jan-2024, QC No. AABPS-23-124853; Revised: 20-Jan-2024, Manuscript No. AABPS-23-124853(R); Published: 26-Jan-2024, DOI:10.35841/aabps-14.103.220