Letter to the Editor

Erythema multiforme following cefotaxime therapy

Sir,

A 47 year old woman, who had had a poorly differentiated colonic adenocarcinoma resected in August 1982, was admitted in November 1984 with obstructive jaundice. At laparotomy, a recurrent tumour mass related to lymph nodes at the porta hepatis was encountered and removed: a choledochoduodenostomy was constructed. Post-operatively, intravenous cefotaxime 1 gram t.i.d. was commenced for 5 days. Towards the end of this course, the patient developed a dull-red itch-free macular rash which progressively worsened to involve the limbs, trunk and face. Several target lesions were noted in addition to erythematous, oedematous papules, nodules and plaques, and conjunctivitis also developed. A diagnosis of erythema multiforme was confirmed by the histological appearances of a biopsied papule. The rash responded well to withdrawal of cefotaxime and topical 0.05% clobetasol propionate ointment, and the patient was discharged home. The only other drug employed during this time period was a single dose of papaveretum and she received no radiotherapy.

Erythema multiforme has not previously been described occurring in association with cefotaxime therapy, although it has been described developing in response to the penicillins, the sulphonamides, the tetracyclines, rifampicin, chloramphenicol, dapsone and other anti-bacterial and similar agents (Huff *et al.*, 1983; Adams *et al.*, 1985). Neoplastic disease is known to precipitate an erythema multiforme-type picture on occasions (Rosato *et al.*, 1969; Haynes & Fitzpatrick, 1983), but the hallmark of the malignancy-related dermadromes is the continuing and worsening nature

of the dermatological lesion in the presence of a growing tumour and the cessation of the skin condition when the tumour is wholly or partially removed (Rosato *et al.*, 1969). This latter pattern was clearly not the case in this patient as the rash developed after the surgery and responded to the withdrawal of cefotaxime, suggesting that the antibiotic was the precipitating factor.

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