Morbilliform drug eruptions

To the Editor: In the December 2008 issue of the Journal, Gerson et al report the histopathologic features of morbilliform drug eruption. The authors did not state the prevalence of drug eruption in their population, but a recent prospective study reported a prevalence of 3.6 per 1000 among hospitalized patients with a higher prevalence with HIV infection, connective tissue diseases, and hepatitis. Evaluation by a dermatologist and pharmacologist in this study concluded that only 44% of these cutaneous reactions were definitely caused by a drug. In almost half of the reported cases in Gerson et al’s article, no single drug was identified as the cause of the eruption. It does not appear that drug causation was proven either by rechallenge with the putative drug or supported by in vivo or in vitro techniques such as patch testing in any of their cases. To report the characteristic histologic features of morbilliform drug eruption, it would be preferable to include only cases of proven drug causation.

Gerson et al did not report instances where the clinical diagnosis of a drug eruption was reversed by histopathologic study. The authors showed commendable restraint in making the diagnosis of a drug eruption in only eight cases where this diagnosis was not the diagnosis proffered, because as it is easy to overdiagnose drug eruption histopathologically, it appears that the same clinical appearance was produced by eight histologic patterns with no reported clinical significance of the different patterns.

Gerson et al report that the histologic features of a morbilliform drug eruption are nonspecific and do not refute that the expense and morbidity of a skin biopsy is of little or no benefit in patients with morbilliform drug eruptions but should be considered for patients with systemic symptoms, erythroderma, blistering, skin tenderness, purpura, or postulation. These authoritative recommendations are unlikely to change unless a study of skin biopsies of definitively proven drug eruptions indicates a clear benefit for the diagnosis or treatment of affected patients.

Daniel J. Hogan, MD
Department of Internal Medicine (Dermatology), NOVA Southeastern University College of Osteopathic Medicine, Largo, Florida

Funding sources: None.

Conflicts of interest: None declared.

Correspondence to: Daniel J. Hogan, MD, Department of Internal Medicine (Dermatology), NOVA Southeastern University College of Osteopathic Medicine, 14046 Joel Ct, Largo, FL 33774

REFERENCES


E-mail: danjhogan@yahoo.com

doii:10.1016/j.jaad.2009.01.024

The Tzanck smear: Heading the right way!

To the Editor: We read with great interest the article by Durdu et al in the December 2008 issue of the Journal on the diagnostic value of the Tzanck smear, as well as Horn’s accompanying commentary. Like other authors, they emphasize the reliable, rapid, and cost-effective character of this simple test.

The diagnostic possibilities of the Tzanck test can even be taken a step further, without affecting its rapid, easy to use, and inexpensive features. Applying immunohistochemistry (IHC) on a Tzanck smear is a very convenient way to distinguish herpes simplex virus (HSV) from varicella zoster virus (VZV) infections, because their cytologic alterations are virtually indistinguishable. In 1995, we evaluated the diagnostic accuracy of histochemical and IHC identification of Tzanck smears in varicella and herpes zoster patients. The overall diagnostic accuracy using polychrome multiple stain (PMS) was 66.7% and 74.4% in smears from patients with varicella and herpes zoster, respectively. Using IHC, the diagnostic accuracy was 86.7% (anti-IE63 anti-VZV antibody) and 100% (anti-gE antiVZV antibody) for varicella, whereas the values for herpes zoster were 92.9% and 94.9%, respectively. Hence, IHC on Tzanck smears significantly increases the diagnostic accuracy and allows for the precise distinction between VZV and HSV. The improved sensitivity may be attributed to

Applying immunohistochemistry (IHC) on a Tzanck smear is a very convenient way to distinguish herpes simplex virus (HSV) from varicella zoster virus (VZV) infections, because their cytologic alterations are virtually indistinguishable. In 1995, we evaluated the diagnostic accuracy of histochemical and IHC identification of Tzanck smears in varicella and herpes zoster patients. The overall diagnostic accuracy using polychrome multiple stain (PMS) was 66.7% and 74.4% in smears from patients with varicella and herpes zoster, respectively. Using IHC, the diagnostic accuracy was 86.7% (anti-IE63 anti-VZV antibody) and 100% (anti-gE antiVZV antibody) for varicella, whereas the values for herpes zoster were 92.9% and 94.9%, respectively. Hence, IHC on Tzanck smears significantly increases the diagnostic accuracy and allows for the precise distinction between VZV and HSV. The improved sensitivity may be attributed to