

Clinical Image / Klinik Görüntü

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Amoxicillin-Induced Rash in a Child with Epstein-Barr Virus Infection

Epstein-Barr Virüs Enfeksiyonlu Bir Çocukta Amoksisiline Bağlı Döküntü

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A 14-year-old boy was admitted to the emergency room with complaints of fever and generalized pruritic erythematous rash starting two days after the initiation of amoxicillin for upper respiratory tract infection. There was history of sore throat, myalgia and fatigue for five days. On admission, the patient was unwell-appearing with a body temperature of 38.5°C. Physical examination showed disseminated maculopapular rash on the trunk and extremities, and bilateral cervical lymphadenopathy (Figures 1-3). Laboratory findings revealed a leucocyte count of 18.000/mm³ with 15.000/mm³ lympocytes with mildly elevated liver function tests. Amoxicillin treatment was discontinued for suspected infectious mononucleosis, and systemic corticosteroid and oral antihistamine were started. Serological tests for antibodies (both of immunoglobulin M and G) specific for Epstein-Barr virus (EBV) antigens were positive. He was diagnosed with EBV infection and amoxicillin-related exanthema. The patient's fever and lesions were resolved gradually, the control of lymphocyte count and liver function tests showed normal values after treatment.

Antibiotics are known to induce rash in patients with EBV-related infectious mononucleosis. Ampicillin and amoxicillin may be responsible for 90-100% of the cases. The presence of rash associated with antibiotics in these patients can be pathognomonic for EBV infections.



Figure 1. Diffuse maculopapular exanthema on the legs.

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Figure 2. Diffuse maculopapular exanthema on the arm.

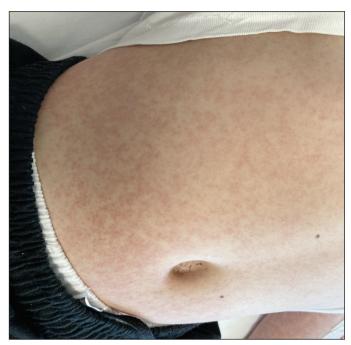


Figure 3. Diffuse maculopapular exanthema on the trunk.