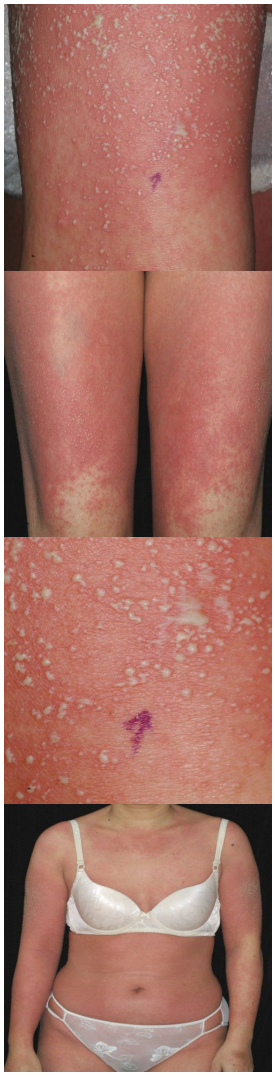

Acute generalized exanthematous pustulosis

Acute generalized exanthematous pustulosis (AGEP) is a rare skin eruption most commonly caused by medications. It is characterized by fever and the acute eruption of non-follicular pustules overlying erythrodermic skin. Histopathology shows subcorneal pustules with a background of dermal edema and spongiosis, leukocytoclastic vasculitis, perivascular eosinophils, and focal necrosis of keratinocytes. Three cases of clindamycin induced AGEP have been reported in the literature. A case of AGEP due to clindamycin is reported in a patient with numerous other drug allergies and without history of psoriasis. Presentation and treatment of AGEP are reviewed.

Acute generalized exanthematous pustulosis (AGEP) is most frequently caused by medications, mainly antibiotics. AGEP was first described in 1980 by Beylot et al. and named, in French, *pust uloses exanthématique aiguës généralizés*
(PEAG) [1]. A group of amicrobial pustuloses such as acute generalized pustular bacterid, acute generalized pustulosis manifestation of leukocytoclastic vasculitis, pustular necrotizing angeitis, pustular eruption with eosinophilic abscesses, generalized pustular drug rash, subcorneal pustules in erythema multiforme and in Sweet syndrome, and toxic pustuloderma were grouped together under the heading of AGEP [1, 2]. It is a pruritic eruption characterized by the acute onset of numerous small, non-follicular, sterile, superficial pustules amidst erythematous and edematous skin [3, 4]. The eruption usually begins on the face and intertriginous regions, and the patient commonly manifests associated systemic involvement, with an estimated mucosal involvement in 20 percent of the patients [2, 4, 5]. The incidence is between 1 and 5 per million per year [3].

Histologically, AGEP may demonstrate subcorneal pustules with a background of dermal edema and spongiosis, leukocytoclastic vasculitis, perivascular eosinophils, and focal necrosis of keratinocytes with negative immunofluorescence [6]. AGEP erupts suddenly within 1 or 2 days of drug exposure and generally resolves in approximately 2 weeks with sequelae of generalized desquamation [4]. The treatment is simply stopping the offending drug, topical steroids, and other symptomatic treatment (antipyretics, antipruritics, and emollients) [3]. However, without the appropriate management the mortality for AGEP can be up to 5 percent