

Skin Rash

DEFINITION

A rash is an irritation or inflammation of the skin or an outbreak of spots on the body, usually separated from each other. However, when there are many spots, they sometimes connect and then form patches. A rash can be accompanied by itching and sometimes fever.

WHAT CAUSES IT?

For many patients, the start of HIV treatment is accompanied by a rash. Several anti-HIV agents, especially those from the NNRTI class, some PIs, as well as several antibiotics used to treat opportunistic infections, can cause a rash.

When the rash appears within the first few days of starting a medication, this is a good indication that the drug is most likely the culprit since the effect usually occurs within a few days or weeks after the start of treatment. When more than one medication is taken at once, the challenge then becomes to determine which drug is responsible for the rash.

Other causes are possible: a transient and short-lived rash is the first symptom of a viral, bacterial or parasitic infection.

WHY TALK ABOUT IT?

To correctly identify the cause.

A rash caused by anti-HIV agents is usually mild or moderate and therefore not dangerous. However, in rare instances, the reaction may progress to a more severe level and have more serious consequences. This is why it is recommended that you see a doctor when a rash occurs.

A skin rash is sometimes accompanied by other symptoms such as fever, nausea or vomiting, diarrhea, loss of appetite, stomach pain, muscle or joint pain, extreme fatigue, mouth sores, skin swelling or blistering, red eyes, and a drop in blood pressure. This is known as a hypersensitivity reaction, an unpredictable drug reaction.

This type of reaction is more frequent with nevirapine (Viramune®) and abacavir (Ziagen®, Kivexa™, Trizivir™).

Some patients experience more or less severe allergic reactions to antibiotics such as sulfa or penicillin.

If an allergic or hypersensitivity reaction is confirmed, the drug or antibiotic should be stopped and never taken again. Taking it could lead to death.

WHAT CAN YOU DO TO PREVENT IT?

Before starting antiretroviral therapy, inform your doctor of any allergic reactions you have previously experienced.

Prior to being prescribed abacavir (Ziagen®, Kivexa™, Trizivir™), an HLA-B5701 test is always done. This test is used to identify patients at risk of having a hypersensitivity reaction to this drug. Patients with a positive HLA-B5701 test cannot take abacavir. If the test is negative, the possibility of abacavir causing a hypersensitivity reaction is virtually nil, though some rare cases have been reported.

WHAT TO DO?

If the rash is considered mild or moderate, the doctor will tell you to continue taking the medication and the rash should go away after one to two weeks.

To reduce the reaction, and especially the itching, the doctor may prescribe an antihistamine such as diphenhydramine (Benadryl®), hydroxyzine (Atarax®) or a corticosteroid-based cream.

WHEN SHOULD YOU SEE A DOCTOR?

Immediately see a doctor or go to the hospital emergency room if one or more of the following symptoms appears along with the rash: fever, nausea or vomiting, diarrhea, loss of appetite, stomach pain, muscle or joint pain, extreme fatigue, mouth sores, skin swelling or blistering, red eyes.

Consult a doctor if the symptoms worsen, especially each time the medication is taken.

If the rash is considered too severe to continue taking the medication or if a hypersensitivity reaction is suspected, stop taking the medication (the doctor will tell you in any case to stop taking it). Symptoms should usually disappear in 24 to 48 hours.

Any medication that is stopped as a result of an allergic reaction should never be taken again. By taking it again, you run the risk of causing an even more severe reaction that progresses more quickly than the initial one.

By: **Rachel Therrien**

Pharmacist, Bpharm, Msc

Unité Hospitalière de recherche et d'enseignement VIH/sida
Centre Hospitalier de l'Université de Montréal

Revised by: **Benoît Côté, MD**
Dermatologist

Service de dermatologie - CHUM
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