

Clinical Image

Dapagliflozin induced nummular eczema

Running title: Dapagliflozin induced nummular eczema

Vasiliki Lianou, Efterpi Zafiriou*, Polyxeni Gidarokosta, Agoritsa Gravani, Angeliki- Victoria Roussaki-Schulze

Department of Dermatology, Faculty of Medicine, School of Health Sciences, University of Thessaly, University General Hospital of Larissa, 40110 Larissa, Greece

*Corresponding Author's e-mail: zafevi@o365.uth.gr

Keywords- drug-induced eczema, lichenification, pruritus, skin rash

(submitted 03 January 2023; revised 17 January 2022; accepted 19 January 2023)

This is a case of an 85-year-old man who presented with a skin rash which appeared three months ago. The rash which developed on the trunk and the upper and lower limbs was accompanied by intense pruritus and was gradually getting worse. It consisted of red, eczematous nummular lesions and patches with lichenification. Excoriation was also present because of the scratching (Figure 1). The patient suffered from chronic kidney disease and coronary heart disease. From his medical history it was concluded that the patient had started a new drug (dapagliflozin 10mg/day), 10-20 days before the appearance of the rash. Dapagliflozin is a sodium- glucose cotransporter 2 inhibitor and was subscribed to the patient because of his renal disease. Overall, there was a strong suspicion of a drug related skin rash.



The patient was advised to discontinue dapagliflozin in agreement with his nephrologist and was treated with topical steroids and emollients in addition to antihistamines to alleviate pruritus. On his 20 day follow up there was a remarkable improvement of the rash with a few residual lesions on his back.

AUTHORS CONTRIBUTION

The authors prepared the manuscript and the artwork. All authors approved the final version of the manuscript.

CONFLICT OF INTEREST

The Authors declare no conflict of interest