A 71 years-old male received 2g of secnidazole orally, for the second time, as treatment for an intestinal infection caused by the protozoan *Blastocystis hominis*. About a week later, he developed a non-pruritic isolated fixed drug eruption in the inframammary region (Figure 1). The drug was discontinued, and the lesion was treated with fludroxycortide cream twice a day. Within 10 days, the fixed pigmented erythema progressively subsided and in 2 weeks it has completely disappeared. Only one similar case has been reported in the literature.1

References


Figure 1
Secnidazole-induced fixed pigmented erythema in the inframammary region