

Contact dermatitis masquerading as a drug eruption: making a critical distinction in the sexual health clinic.

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Background/Purpose: Fixed drug eruption (FDE) is a clinical diagnosis that may influence future antibiotic prescribing, with important implications for both the individual and community in an era of increasing antimicrobial resistance among sexually transmitted infections (STIs). We present a case of contact dermatitis masquerading as a FDE.

Approach: A 43 year old male with well controlled Human Immunodeficiency Virus (serially undetectable viral load, stable CD4, longstanding antiretroviral therapy with Abacavir-Lamivudine-Dolutegravir) presented with a two day history of an erythematous, itchy rash on his uncircumcised penis, arising three days after commencing Doxycycline for asymptomatic rectal Chlamydia infection (*Lymphogranuloma venereum* negative). There were no other anogenital or systemic symptoms. He had no other medical history, known allergies or reactions associated with previous Doxycycline use. No other recent medications were reported. Last intercourse was condomless receptive anal sex (casual male partners) 3 months previously. On specific questioning, the patient reported applying alcohol-based hand-sanitizer to the penis one day prior to symptom onset, attempting to cleanse the area and remove sweat. Examination revealed marked erosive balanitis to the glans and a well-defined 2 x 2cm desquamated area with sloughy exudate. No inguinal lymphadenopathy was noted. Nucleic Acid Amplification Testing (*Treponema pallidum*, *Herpes simplex virus*) and Syphilis serology returned negative.

Outcomes/Impact: Despite concern about a FDE or an emergent STI, contact dermatitis was considered the most likely diagnosis given the timeline and clinical assessment. Symptoms resolved within three days of discontinuing the causative agent.

Innovation and Significance: Contact dermatitis can masquerade as a FDE and as STIs with different management and implications, making it critical to distinguish these diagnoses. This case reminds clinicians that careful history-taking can help to avoid misdiagnosis, unnecessary tests and treatment and prevent allergy/adverse reaction 'labelling' with associated restrictions to future antimicrobial treatment options in individuals at risk of STIs.

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