Spironolactone is a potassium-sparing diuretic that is used to treat congestive heart failure, liver cirrhosis or nephrotic syndrome. In addition, it is used to diagnose or treat hyperaldosteronism and in the treatment or prevention of hypokalemia. The drug has been used for a long time in our daily practice with noted side effects such as vomiting, diarrhoea, stomach pain, dry mouth, thirst, dizziness, gynecomastia, irregular periods and erectile dysfunction. In addition, in a few cases, rashes were an added side effect. Herein, we describe a case and review the current available data.

CASE REPORT

A 30-year-old male patient recently diagnosed with idiopathic cardiomyopathy, ejection fraction 30%, was started on ACEI and beta-blocker. When he visited the clinic for follow-up, he was started on spironolactone. On the 3rd day, he noted a macular rash on both arms [Figures 1-3], which was not itchy. The offending drug was stopped, and the rash started to fade out gradually and disappeared in 10 days.

ABSTRACT

Spironolactone is a commonly used drug with good safety profile. However, side effects, although infrequent, still occur. We are reporting on a rather rare side effect and reviewing the literature.

Key words: Rash, Side effect, Spironolactone
The morphology and distribution of skin lesions resembling that of systemic lupus erythematosus had been described. Although the histologic changes in the skin biopsy specimen were consistent with SLE, there was, however, a negative serology.\textsuperscript{[2]}

Other reported skin manifestation was persisting pigment deposition with circumscribed spotty pigmentation of the skin after spironolactone allergy.\textsuperscript{[3]}

Topically applied spironolactone may be effective in the treatment of acne patients with high sebum secretion rates.\textsuperscript{[4]}

Spironolactone-induce rash, although infrequent, is a side effect worth considering.

REFERENCES


How to cite this article: Kinsara AJ. Spironolactone-Induced Rash: A Case Report and Review. J Clin Cardiol Diagn 2018;1(2):1-2.