Sir,
**Fluorescein angiography and patchy skin discoloration:
a case report**

We read with interest the recently published case report by Kurli *et al.*¹ We would like to present two patients who developed patchy yellowish discoloration of the skin following administration of intravenous Fluorescein.

Case reports

Case 1 Four years ago, a 66-year-old diabetic man attended the clinic for Fundus Fluorescein Angiography (FFA). He had a history of proliferative diabetic retinopathy and maculopathy treated with argon laser macular grid to the left eye and argon laser PRP to the right eye. He previously had three uneventful FFAs. In addition to diabetes he was hypertensive and had a history of TIA.

A vein on the dorsum of the left hand was cannulated with a butterfly cannula and a bolus of 5 ml fluorescein sodium 10% was injected. There was no extravasation or leakage of the fluorescein on the surrounding skin. When the clinic room light restored 4 min after the injection, multiple yellow patches were seen on the left forearm. The lesions were not raised and not itchy. The patches appeared to be randomly distributed over the forearm up to the level of the elbow (Figure 1). The lesions disappeared over the following few hours with no consequences. The angiogram was of good quality and showed leaky new vessels. The patient had further two FFAs since then with no complications.

Case 2 A 66-year-old diabetic man attended the clinic for FFA to assess the macula of the left eye. He had a history of primary open angle glaucoma and proliferative diabetic retinopathy. He previously had two uneventful FFAs. In addition to diabetes he is hypertensive.

A bolus of 5 ml Fluorescein sodium 10% was injected into a vein on the dorsum of the right hand with a butterfly cannula. There was no extravasation or leakage of the fluorescein on the surrounding skin. Similar to the first patient, multiple yellow patches were seen when the clinic room light restored 4 min after the injection. The lesions were randomly distributed on the right forearm and were not raised and not itchy (Figure 2). The lesions also disappeared over the following few hours with no consequences. The angiogram was of good quality and did not show evidence of macular oedema.

Comment

Kurli *et al.*¹ suggested that the patchy skin discoloration seen in their patient may be related to his

lymphoproliferative disorder; however, their patient had no cutaneous infiltrations. Our patients did not have lymphoproliferative disorders or skin diseases. Furthermore, our first patient did not develop the skin patches in subsequent FFAs.

Raimer *et al.*² reported two cases of skin eruptions following intravenous administration of the dyes, fluorescein and methylene blue; these eruptions were of the same colours as the dyes. In their first case, intravenous injection of fluorescein was followed by yellowish lesions on the patient's chest and arm. These lesions were described as urticarial. In the second case, blue painful macules appeared on the forearm 15 s after intravenous injection of methylene blue.

Concomitant use of fluorescein eye drops and intravenous cefclidin (a cephalosporin) in a group of volunteers has been shown to increase the incidence of generalized drug eruptions to 66.7% compared with an incidence of 2.8% when cefclidin was used alone.³ Fluorescein also augmented rashes induced by other

Figure 1 The left forearm of the patient in case 1 showing patchy yellowish discoloration of the skin.

Figure 2 The right forearm of the patient in case 2 showing patchy yellowish discoloration of the skin.

B-lactam antibiotics.³ The mechanism of such augmentation is not known.

As in Kurli's patient, the distribution of the patches in both of our patients did not conform to any blood vessel distribution. Furthermore, both of our patients did not have any obvious common factors that may have caused this condition. In conclusion, the pathogenesis of this condition is not known.

References

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