

## Images

### Baboon Syndrome

A 3-year-old boy presented with sore throat and fever for two days, and rash over the face, buttocks and anogenital area; one-day after ingestion of cefadroxil, paracetamol and a cough-mixture for acute respiratory infection. On examination, the rash consisted of pruritic and confluent maculopapular bright red eruptions on face, gluteal area and the flexures (*Fig. 1*). The distribution and characteristic of the presenting lesions was typical of baboon syndrome. The lesions responded well to stopping the offending drugs and the patient recovered well.

Baboon syndrome (reminiscent of red bottom of the baboon) is a rare, prognostically benign and often under-diagnosed drug eruption with distinct clinical features. It presents as a systemic contact dermatitis

with pruritic and confluent maculopapular light-red eruption, localized in the gluteal area and the major flexures, developing several hours or days after drug or agent contact. It is a type 4 immunologic reaction and SDRIFE (symmetrical drug related intertriginous and flexural exanthem) specifically refers to the distinctive clinical pattern of this drug eruption. Several drugs have been previously described as responsible for the syndrome *e.g.*, mercury (the most frequently implicated), nickel, different antibiotics, heparin, aminophylline, pseudoephedrine, terbinafin and immunoglobulins.

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*Fig. 1. Diffuse erythema present over face, upper eyelids, chin and lips. Diffuse scaling seen over both cheeks.*