

Rechallenge with Amoxicillin in a Patient with Previous Mononucleosis-Associated Allergic Reaction to Ampicillin

A 44-year-old man presented with empyema. After a few days of IV therapy with cefotaxime and metronidazole, the medication was stepped down to oral amoxicillin–clavulanic acid. The patient's chart indicated that he had an ampicillin allergy in the form of a rash. In a discussion with the patient to clarify his allergy status, he reported that a fine, maculopapular rash had developed over his entire body when he received ampicillin while he had infectious mononucleosis 28 years ago. The patient had not received any aminopenicillins since then.

Maculopapular rash associated with aminopenicillins during infectious mononucleosis is well documented,^{1,3} but a brief review of the literature suggested that there is little information on the risk of recurrence in the absence of infectious mononucleosis. We found just one unreferenced text, which suggested that aminopenicillins may be safely readministered.⁴ A search of MEDLINE and EMBASE yielded several reports of uneventful rechallenge with amoxicillin.^{5,7} The patient described here was given amoxicillin–clavulanic acid, and no rash developed after 2 days of treatment. The patient was discharged with a prescription for amoxicillin–clavulanic acid to complete the course of therapy.

This case suggests that a patient who has experienced a rash with aminopenicillin therapy while infected with Epstein-Barr virus will be able to tolerate aminopenicillins

once the viral infection has resolved. Moreover, this case emphasizes the importance of pharmacists clarifying allergy information with their patients.

References

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