

Id Reaction : An Overlooked Reaction of a Common Problem

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Abstract

A 15 year old boy presented with sudden onset of pompholyx like eruption on acral areas involving bilateral hands and feet for 2 weeks. Clinical examination showed multiple vesicubullous eruptions on dorsum of bilateral foot, dorsum of hands. There was a focus of intertriginous dermatitis involving right lateral toe cleft with maceration and fissuring. A scraping from the lesion demonstrated fungal hyphae with 10% KOH preparation but not from the vesicular eruption. A diagnosis of Id reaction due to Tinea Pedis was made. Patient was started on topical and oral antifungal along with antihistamines and he responded well with the treatment.

Key words: Id reaction, T.Pedis (Tinea pedis)

Case history

A 15 year old boy presented with sudden onset of pompholyx like eruption on acral areas involving bilateral hands and feet for 2 weeks. There was absence of any similar episodes in the past. None of family members were affected with similar symptoms. Clinical examination showed multiple vesicobullous eruptions on dorsum of bilateral foot, dorsum of hands. There was a focus of intertriginous dermatitis involving right lateral toe cleft with maceration and fissuring. There was no lesion elsewhere in the skin, scalp and mucous membranes. A scraping from the lesion was taken and also from the vesicular eruption and 10% KOH preparation was made. The lesion from right toe cleft demonstrated fungal hyphae but not from the vesicular eruption.

Diagnosis

Dermatophytide (Ide or Id) reaction due to Tinea pedis.

Treatment and follow up

Patient was started on topical and oral antifungal along with antihistamines. Patient was reviewed after 2

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weeks and he responded well with the treatment with clearance of all lesions.



Fig. 1: Pompholyx like eruption on hands and feet



Fig. 2: T. pedis of right lateral toe cleft

Discussion

Id reaction is defined as distant, localized or generalized acute cutaneous reaction to an infectious and inflammatory skin condition^{1, 2}. The eruption has been referred to as dermatophytid, pediculid, or bacterid according to the corresponding infectious process³. The cause of the id reaction is unknown, but according to some authorities it is considered to be as immunologic in origin due to increased stimulation of normal T cells by altered skin constituents, dissemination of infectious antigen with a secondary response and hematogenous dissemination of cytokines from a primary site^{4,5}. Absence of fungi in the dermatophytid lesions and clearing of the dermatophytid lesions after the fungus

is eradicated are necessary to confirm a definitive diagnosis of a dermatophytid reaction. Id eruption tends to subside spontaneously when the primary focus is cured. In practice Id reaction is a clue that a person has tinea infection and it should alert the physician for abrupt treatment of acute tinea infection.

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