

## Drug-Induced Trigeminal Trophic Syndrome

Amer Tamr\*

Department of Internal Medicine, PGY-2, Henry Ford Hospital, USA

\*Corresponding author: Amer Tamr, Department of Internal Medicine, PGY-2, Henry Ford Hospital, USA

E-mail: [atamr1@hfhs.org](mailto:atamr1@hfhs.org)

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## **Clinical Image**

A 29-year-old male with a pertinent past medical history of acquired immunodeficiency syndrome (AIDS) presented to the emergency department with abdominal pain and bloody stool and was diagnosed with Burkitt's lymphoma. The patient was incidentally found to have well-demarcated ulcerations across his left scalp and face. Per patient, the ulcerations first appeared after initiating atovaquone prophylaxis for *Pneumocystis jiroveci* pneumonia (PCP) five months prior. Ulcerations were associated with facial paresthesia and pruritis and had not improved with mupirocin ointment outpatient. Viral culture swab was negative for herpes simplex virus (HSV) and varicella-zoster virus (VZV) upon polymerase chain reaction (PCR) testing. Considering unilateral facial ulceration with ala nasi involvement associated with sensory impairment, diagnosis of Trigeminal Trophic Syndrome was favored.