

Table 1. Comparison between drug evoked rash and rash from tinea corporis

	Drug evoked rash	Tinea corporis
Presentation	<ul style="list-style-type: none"> • Urticaria • Angioedema • Morbilliform rash with no systemic features (commonest presentation) which usually starts on the trunk then spreads all over the body and associated with mild pruritus • DRESS • SJS/TEN [3] 	<ul style="list-style-type: none"> • Typically a well-demarcated, sharply circumscribed, oval or circular, mildly erythematous, scaly patch or plaque with a raised leading edge • Single or multiple lesions • Associated with pruritus [7].
Course of presentation	<ul style="list-style-type: none"> • Rash appears immediately after or within few days of beginning of a new medication • May take up to 2-6 weeks after medication initiation • May occur after second exposure [8] • De-challenge: resolution of the rash after stopping the culprit medication [3] 	<ul style="list-style-type: none"> • Infection can be acute, chronic, chronic relapsing • Risk factors include age, diabetes mellitus, immunocompromised patients, personal hygiene [9].
Diagnostic tests	<ul style="list-style-type: none"> • Full blood count • Skin biopsy: presence of eosinophils, edema and inflammation • Drug level to confirm the presence of the 	<ul style="list-style-type: none"> • Clinical examination • Direct microscopic examination of skin scraping taken from the active edges and treated with 10%-20% potassium hydroxide preparation. • Fungal culture [10].

	drug at the time of the rash[3]	
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