



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

A CASE OF DRESS SYNDROME ASSOCIATED WITH CARBAMAZEPINE AND RESPONDED WELL TO CYCLOSPORINE : A CASE REPORT

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Background: Dress syndrome is an adverse drug reaction characterized by fever, maculopapular eruptions, lymphadenopathy, involvement of internal organs and hematologic abnormalities. Anti epileptics, antibiotics, allopurinol and sulphanamide are the most common causative agents. It has mortality rate ranges up to 10%. Systemic steroids widely used for treatment of dress syndrome with long and tapering course. Cyclosporine is another option for treatment. Here we present a case of dress syndrome associated with carbamazepine and treated with cyclosporine.

Objective: A 18 years old male presented with a history of rash which occurred 14 days ago. Patients examination revealed with fever, maculopapular eruptions on distal part of extremities, facial edema and inguinal lymphadenopathy. The patient also had dyspneic symptoms. There was eosinophilia and elevated liver function tests in blood tests. In detailed anamnesis it was learned that carbamazepine was prescribed 35 days ago for epileptic seizures. Biopsy was taken and result was compatible with dress syndrome. Because of dyspneic symptoms and possible lung infection systemic steroids did not considered for treatment. The patient treated with cyclosporine 4mg/kg/day. After five days of cyclosporine treatment, there was subsequent clinical resolution.

Key message: Systemic steroids are traditionally used for treatment of dress syndrome with long course and patients respond well but they have adverse effects and there is risk of relapse after treatment. Cyclosporine is used short course (3 to 5 days) and rapid response was observed. In conclusion, cyclosporine might be an alternative first line treatment for dress syndrome with rapid and effective response.

