



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

A CASE REPORT ON SELF INDUCED METHOTREXATE TOXICITY WITH STEVENS-JOHNSON SYNDROME -LIKE EXANTHEMA .

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BACKGROUND: This is a case report describing acute methotrexate toxicity due to inadvertent dosage mimicking the effects of Stevens Johnson Syndrome.

OBSERVATION: Patient a known case of psoriasis was on T.methotrexate 7.5 mg once a week along with folic acid for the last 6 months. A few days back he was referred to dermatology from the ENT outpatient department with difficulty in opening his mouth, laryngeal swelling, oral ulcerations with haemorrhagic crusting. Multiple erythematous macules and targetoid lesions along with flaccid bullae were present all over the body. Initially the patient gave a history of a sudden allergy reaction to oral methotrexate. On further questioning it was found he had taken T. methotrexate 7.5 mg twice daily for 10 days (cumulative dose of 150 mg in 10 days) along with a cocktail of folic acid, desloratidine tablets and topical application of clobetasol propionate and betamethasone + gentamicin ointment. Lab tests revealed elevated renal and liver parameters along with moderate leucopenia and thrombocytopenia. Patient was treated as acute methotrexate toxicity and given intravenous Leucovorin 15 mg/m² QID until serum methotrexate reached 10-8 mmols. Oral ulcerations were treated with antihistamine+steroid+antacid syrup formulation (Pandey's formula). Response was immediate with rapid recovery and patient discharged with regular followup.

KEY MESSAGE: At times even with proper instructions the patient can self prescribe or alter his medications causing life threatening complications. The need for constant vigilance and ensuring the patient has properly understood his treatment modality can never be overemphasized. Easy accessibility to physicians and better communications with patients should be encouraged to prevent such cases in the future.

