ABSTRACT BOOK ABSTRACTS



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ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

A PILOT STUDY COMPARING SERUM GRANULYSIN TITRE IN DRUG INDUCED MACULOPAPULAR EXANTHEMS AND SEVERE CUTANEOUS ADVERSE REACTIONS(SCARS)

J Jose⁽¹⁾ - D Peter⁽¹⁾ - Sa Pulimood⁽¹⁾ - V Job⁽²⁾ - A Sushil⁽¹⁾ - T Sebastian⁽³⁾ - L George⁽¹⁾

Christian Medical College, Vellore, Christian Medical College/ Tamil Nadu Dr.mgr Medical University/ Department Of Dermatology, Venereology And Leprosy, Vellore, India⁽¹⁾ -Christian Medical College, Vellore, Christian Medical College/ Tamil Nadu Dr.mgr Medical University/ Department Of Clinical Biochemistry, Vellore, India⁽²⁾ - Christian Medical College, Vellore, Christian Medical College/ Tamil Nadu Dr.mgr Medical Department Of Biostatistics, Vellore, India⁽³⁾

Introduction: There are no specific biochemical markers to differentiate between various cutaneous adverse drug reactions(CADRs).

Objective: To measure serum granulysin in CADRs and to study its relationship with disease severity in patients with maculopapular exanthems(MPE) and SCARs.

Materials and methods: A single centre, prospective case-control study was conducted on patients with MPE and SCARs over a period of 19 months in a tertiary care hospital in South India. We recruited 22 consecutive cases of MPE, 4 cases of Erythema multiforme major(EMM) and 21 cases of SCARs, who were further subclassified as DRESS, SJS/TEN and AGEP. Twenty age-matched healthy volunteers were enrolled as controls. Naranjo adverse drug reaction probability scale was used to determine causality. A detailed clinical examination was done and disease severity was assessed by SCORTEN, RegiSCAR and other validated scoring systems. Serum granulsyin was measured at initial presentation to outpatient department.

Results: The mean age of the patient cohort was 44.4 ± 14.6 years. There was a female preponderance with a male:female ratio of 0.41:1. Aromatic anticonvulsants comprised the most commonly implicated drugs (35.4%). Maculopapular exanthems had a shorter latent period (8.4 \pm 7.2 days) as compared to SCARs (SJS/TEN 12.5 \pm 9.1days, DRESS 16.1 \pm 10.3 days). Facial oedema and peripheral eosinophilia among patients with MPE and SCARs were similar (p – 0.929, >0.99 respectively). Transaminitis was significantly more common in SCARs than MPE (p - 0.021). There was no statistically significant difference in serum granulysin titre between patients with MPE, SCARs and healthy controls, irrespective of the duration of symptoms. However, serum granulysin was significantly higher in patients





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with SJS/ TEN than in EMM (p value - 0.042).

Conclusions: There is no correlation between serum granulysin and the severity of cutaneous adverse drug reactions. Nevertheless, it may be a useful biochemical marker to differentiate between SJS/TEN and erythema multiforme major.



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