ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

CLINICAL AND PHARMACOECONOMIC EVALUATION OF SULFASALAZINE INDUCED DRESS SYNDROME IN A SERONEGATIVE SPONDYLOARTHRITIS PATIENT: A CASE REPORT

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Background: Incidences of Drug Rash with Eosinophilia and Systemic Symptoms (DRESS) ranges from 0.001 to 0.0001 with a mortality rate of 10%. The pathogenesis of DRESS syndrome is usually hypothesized to be explained by complex interaction of detoxification defects leading to formation of reactive metabolites. The objectives were to evaluate DRESS syndrome due to sulfasalazine and to carry out the iatrogenic pharmacoeconomic assessment.

Observation: A 37?year old woman presented with intermittent fever, productive cough and dyspnea since fifteen days followed by rashes all over the body and worsening of these symptoms since three days. For the past 3 months, she was on sulfasalazine for seronegative spondyloarthritis. She had bilateral wheeze, but vitals were stable. Investigations showed elevated eosinophils (25%), elevated absolute eosinophil count (1800cells/cubic mm), elevated CRP (20mg/L) and ESR (35mm/hr). The diagnosis of probable DRESS was made based on RegiSCAR scale with a score of 5. A significant improvement was seen clinically and there was a decrease in AEC values on withdrawal of sulfasalazine and administration of systemic corticosteroids. Based on Naranjo, WHO and RegiSCAR scales of casualty assessments, the ADR was categorized as Probable. Preventability and severity was assessed. Total cost for management of the ADR was found to be INR 26,486.

Key message: Onset of DRESS manifestation occurs usually at two to six weeks after starting therapy. Visceral complications will determine the outcome of this syndrome. The serious cases need to be defined with the help of predictive factors because of life threatening nature of DRESS. Hence, physicians need to be aware of these potentially fatal adverse effects associated with sulfa drugs and should be keen to report such ADRs to drug safety authorities.