ABSTRACT BOOK ABSTRACTS



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ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

CUTANEOUS ADVERSE DRUG REACTIONS IN CHILDREN AT A TERTIARY CARE CHILDREN HOSPITAL

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Introduction: Cutaneous adverse drug reactions (CADRs) are of diagnostic challenge as they mimic other childhood exanthem.

Objective: The aim of the study was to describe the adverse cutaneous drug reactions in children, epidemiological characteristics and different causative drugs implicated.

Materials and Methods: This study was a prospective, hospital based study comprising 300 children seen during a period of 6 years from April 2012 through April 2018. All children 18 years and below presenting with adverse cutaneous drug reactions seen in department of pediatric dermatology during this period were included in the study. Information regarding epidemiological and clinical features was collected on a predesigned proforma.

Results: Of the total 300 cases seen during the study, 179 (59.7%) were boys and 121 (40.3%) were girls. Hospital based prevalence was 1.7%. The maximum number of cases was seen in the age group 5 to 11 years. The drugs most commonly responsible were antibiotics (56.6%) followed by anticonvulsants (18%) and non steroidal anti-inflammatory drugs (26.6%). Among the antibiotics cephalosporins (26.6%) were the most common causative drug. The most common route of administration of drugs was oral route (145, 48.3%). 42% of children developed the rash between 1- 7 days after intake of the drug. Maculopapular rash was the most common clinical pattern (179, 59.6%) followed by urticaria (12.3%), Steven Johnson syndrome (9.6%) and drug hypersensitivity syndrome (7%). In severity grading moderate reactions was seen in 45.3% According to the WHO casualty assessment scale possible CADRs was 181 (60.3%) and probable reaction was 112 (37.3%).

Conclusions: Maculopapular and urticarial eruptions are the most common clinical pattern of drug reaction Antibiotics are the commonest drug implicated in drug reaction in children. CADRs are common in children and one should have good clinical knowledge about the





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predisposing factors, clinical pattern which can prevent further exposures.



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