



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

DAPSONE IN LEPROSY: A BOON OR A BANE?

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Background: Dapsone is a potent anti-inflammatory and anti-parasitic drug commonly used for treatment of leprosy and other skin diseases and has a tendency to cause severe adverse drug reaction(s). Dapsone syndrome (DS), is a multi-organ idiosyncratic reaction usually occurring within 6-8 weeks after initiation of dapsone and is characterized by fever, skin eruptions, lymphadenopathy and liver involvement. Incidence of DS was found higher during initial sulphone period, following which it decreased; however, there has been a resurgence during the last 2-3 decades probably due to high doses of dapsone or multidrug therapy (MDT) use in leprosy.

Objective: To retrospectively determine the extent and severity of DS in leprosy patients treated with dapsone.

Materials and Methods: A retrospective study was carried out in our tertiary care teaching hospital of south India. The case records of DS were collected from period, January 2001 to December 2012 and findings were observed and tabulated.

Results: Sixteen patients with DS were identified among 1696 leprosy patients treated with MDT. Out of them, 9 were males and 7 were females while 13 were multi-bacillary and remaining 3 were pauci-bacillary cases. Age of patients ranged between 10 to 50 years (mean age, 27 years). The order of appearance of common clinical findings were- pruritus (100%), lymphadenopathy (100%), exfoliative dermatitis/ rash (93.8%), fever (93.8%), icterus (50%), hepato-splenomegaly (43.8%), conjunctivitis (18.8%) and mortality (6.2%) while the laboratory findings were- increased SGOT (68.7%), increased SGPT (68.7%), increased alkaline phosphatase (68.7%), increased serum bilirubin (31.2%) and decreased haemoglobin (18.7%).

Conclusions: DS is not a rare adverse drug reaction as previously believed. The course of DS is variable and majority of patients recover after dapsone withdrawal and institution of steroids. Therefore, vigilant monitoring, awareness of varied presentations, early recognition, withdrawal of offending drug and proper management helps in preventing DS associated fatalities.

