ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

DISCONTINUATION THE 10TH DOSES OF MULTIBACILLARY-MULTIDRUG THERAPY IN MID-BORDERLINE LEPROSY PATIENT WITH TYPE 1 REACTION DUE TO LIVER DISORDERS: CONTINUED OR REPLACED?

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Background: Multidrug therapy (MDT) regimen has been introduced by the World Health Organization (WHO) since 1981 for controlling leprosy, consisting of rifampicin, dapsone, and clofazimine. Nevertheless it has side effects to liver, primarily dapsone although WHO reported that the incidence is very low. The symptoms of dapsone adverse drug reaction occasionally mislead to diagnose so that clinicians have difficulty in deciding whether the MDT should be continued, discontinued, or replaced with other drugs.

Observation: A 52-year-old man suffering from multibacillary leprosy with type 1 reaction came to outpatient clinic of Dr. Soetomo General Hospital Surabaya with scaly red bumps in almost all over his body that have refined. He was hospitalized two months ago due to his inflamed reddish bumps. During hospitalization, after ten months from commencement of MDT, he developed dapsone drug reaction, he got anemia, gastrointestinal disorder and increased liver function, without skin rash, fever or lymphadenopathy. He received steroid then internist only suggested to temporarily stop the MDT until his condition improved. His condition gradually ameliorated and he was discharged. Afterward, the hemoglobin, SGOT, and SGPT decreased significantly. The steroid gradually tapered off then the MDT was continued but only for rifampicin and clofazimine in standard dosage whereas the dapsone was stopped. We also monitor liver function to evaluate and rule out other possible MDT adverse events which may be caused by rifampicin or clofazimine.

Key message: We should recognize and aware of these drug reactions during treatment to dismiss other co-existing diseases. Furthermore, it is preferable to continue the MDT when the patient's health condition is good, otherwise we should consider to determine alternative drugs immediately so that the MDT regimen may still be completed on time properly.