ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

DRESS SYNDROM : A RETROSPECTIVE STUDY OVER 12 YEARS

O Magdoud [1] - H Hammami [1] - M Chaabani [1] - A Zaouak [1] - S Fenniche [1]

Habib Thameur Hospital, Tunis, Dermatology Department, Tunis, Tunisia [1]

Introduction: Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) is a serious toxidermia that could threaten the vital prognosis. Recently, its physiopathology is better known. It involves immunological susceptibility to the drug and viral reactivation of the herpes group dominated by human herpes virus-6 (HHV-6).

Objective: To develop the epidemio-clinical profile of DRESS and compare our results with the literature.

Materials and Methods: We conducted a monocentric retrospective study over 12 years (2007-2018). The diagnosis was based on skin, visceral and biological signs in favor of DRESS. We used the RegiSCAR score. All patients underwent a pharmacovigilance investigation.

Results: We have collected 33 cases divided into 21 women and 12 men (sex ratio=0.57). Mean age was 51.3 years (20-77). The average time between drug intake and DRESS onset was 30 days. Cutaneous manifestations were maculopapular rash in 10 cases, erythematous rash in 6 cases, erythroderma in 16 cases. There was no case of bullous lesions. Mucosal lesions were present in 15 cases. Facial edema found in 94% of cases was associated with neck edema and swallowing disorders in 3 cases. A state of shock occurred in two cases. Hepatic cytolysis was found in 15 cases including 7 cases with a Prothrombin Ratio < 50%. There was acute renal failure in 8 cases, a Hypereosinophilia >1500 elements/mm3 in 15 cases and a mononucleosis syndrome in 4 cases. Other systemic manifestations included: respiratory damage (2 cases), pericardium (1 case) and acute pancreatitis (4 cases). The incriminated drugs were dominated by anticonvulsants (42.42%) and allopurinol (24.24%). No case of death was recorded.

Conclusions: The main incriminated drugs in DRESS in our study were limited. Our study is in concordance with national and literature data apart from the lack of arguments in favor of viral reactivation in our patients.