ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

DRESS SYNDROME INDUCED BY ANTIEPILEPTICS IN HOSPITAL AREAS IN BUKAVU: CLINICAL CASES

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Background: DRESS syndrome is a severe or subacute, acute idiosyncratic drug reaction that typically associates febrile dermatosis, atypical eosinophilia and / or lymphocytosis, and multiorgan failure. We report 2 clinical cases of DRESS syndrome induced by antiepileptic drugs.

Observations
Case 1: a 22 year old girl, received in consultation for pruritic dermatitis. In her antecedents, she had been followed for seizures secondary to cerebral neurocysticercosis and treated with Phenobarbital and Diazepam for 2 months. The onset would have been be 6 days before it's admission for fever followed over 3days by the appearance of pruritic dermatosis.

The physical examination has found a feverish patient (40 degrees), generalized papules and unilateral cervical lymphadenopathy. The biological assessment showed hyperleucocytosis, eosinophilia and hepatic cytolysis.
The diagnosis of DRESS syndrome was retained and Phenobarbital was immediately discontinued. A corticotherapy was initiated and the evolution was favorable. No recurrence has been observed after a retreat of 8 months.
Case 2: a 16 year old boy, with a history of partial seizures labeled as probable symptomatic partial epilepsy in the past three months. Therefore, he began treatment with 100 mg of carbamazepine, administered orally. Three weeks later, he developed fever up to 39 degrees, papules in the hands extending to the trunk and extremities, generalized rubicondis, pruritus and dysphagia. Consequently, he went to the emergency room. Biological assessments has showed hyperleukocytosis, eosinophilia, hepatic cytolysis with cholestasis. The diagnosis of DRESS syndrome had been retained and Carbamazepine was discontinued.

Keywords: DRESS syndrome, Clinic, Antiepileptics, Hospital, Bukavu