



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

DRESS WITH MUCOSAL INVOLVEMENT

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Background: Drug Reaction with Eosinophilia and Systemic Symptom (DRESS) is a potentially life threatening syndrome including severe eruption, fever, hypereosinophilia, and internal organ involvement. The main culprit drugs are carbamazepine and allopurinol, even though 50 drugs can induce DRESS.

It is well-recognized that SJS/TEN is associated with severe mucosal inflammation and cicatrizing, this association has not been described in relation to other SCARs. We present a patient fulfilling the diagnostic criteria for probable DRESS/DIHS but not for SJS/TEN, yet exhibiting the severe mucosal surface involvement characteristic of SJS/TEN.

Observation: A 55-year-old woman presented to the emergency room reporting 1 week of fever, malaise, and pruritic rash. The patient started allopurinol for asymptomatic hyperuricaemia 3 weeks before symptoms onset. She stopped all medication at onset of rash. Findings were fever, painful enlarged lymph nodes, oral and vaginal ulcerations. The skin showed an ubiquitary erythematous confluent maculopapular rash including soles and palms, with erythrodermia on neck, chest and facial oedema. CRP, urea, creatinine and eosinophils were elevated.

Serology for hepatitis A, B, C and HIV were negative. An ECG, chest X-ray and echocardiography were normal. According to Bocquet's criteria diagnosis of allopurinol induced DRESS syndrome was made, the drug was discontinued and prednisone 0,5mg/kg/day orally was started. Symptoms were regressive, the skin reaction changed into an exfoliative dermatitis. urea, creatinine and eosinophilia normalized after 2 weeks.

Key message: the diagnosis of DRESS should be highly suspected with the presence of skin rash, liver involvement, fever, hypereosinophilia, and lymphadenopathy despite the presence of mucosal involvement.

