



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

DRUG REACTION WITH EOSINOPHILIA AND SYSTEMIC SYMPTOMS: MANIFESTATIONS, TREATMENT, AND OUTCOME IN A TERTIARY CARE CENTRE

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Introduction: Drug reaction with eosinophilia and systemic symptoms (DRESS) is a rare type of adverse drug reaction with complex and varied clinical features involving multiple systems of the body.

Objective: This study was designed to evaluate the clinical manifestations, course, response to treatment, and outcome of DRESS patients.

Materials and methods: The study involved analysis of data collected over a period of five years in 27 patients with DRESS. Clinical manifestations, abnormalities in laboratory investigations pertaining to various organ systems, responses to treatment, and outcomes were investigated.

Results: The study population included 27 patients, of whom thirteen (48.1%) were male and fourteen (51.9%) were female. The most common (66.7%) culprit drugs were anticonvulsants with phenytoin being the causal drug in nine (33.3%) patients. The latency period varied from 11 days to 34 days, with a mean of 22.35 ± 5.83 days. The mean latency period of anticonvulsant drugs was longer than that of other drugs. Multisystem involvement was present in all patients. Systemic corticosteroids, injectable followed by oral, were administered to all patients. Twenty three (85.2%) patients recovered completely, two (7.4%) developed post-inflammatory hyperpigmentation, and one (3.7%) patient developed renal failure. One patient with liver failure had a poor outcome.

Conclusions: A variety of drugs can cause DRESS, the most common being anticonvulsants. Patients show diverse presentations with varied organ involvement. Systemic corticosteroids are an effective management option and are associated with a good clinical outcome if started early.

