

ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

DRUG REACTION WITH EOSINOPHILIA AND SYSTEMIC SYMPTOMS (DRESS): A STUDY OF 60 CASES.

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Introduction: Drug reaction with eosinophilia and systemic symptoms (DRESS) is a potentially life-threatening drug hypersensitivity syndrome.

Objective: We aimed to describe the epidemiological, clinical, paraclinical, therapeutic, and outcome features of Dress.

Materials and Methods: Retrospective review of all cases of DRESS diagnosed our dermatology department between 2001 to 2018.

Results: Sixty cases of DRESS were analyzed in our study. Thirty-one women and 27 men (sex ratio=0.2) with a mean age of 53 years (14-86) were included. The latent period was variable ranging from 7 days to 6 months with a suggestive delay in 48% of cases (between 20 and 42 days). Fever was reported in 34 cases (56.6%), itching in 60 cases (100%), facial swelling in 41 cases (68.33%), and multiple adenopathy in 28 cases (36,6%). The cutaneous manifestations included maculopapular eruption (56.6%) and erythroderma (43.33%). Eosinophilia was present in 51 cases (85%). Visceral involvement concerned liver (46,6%) kidneys (20%), lungs (16,6%), heart (myocarditis, 1,6%) and pancreas (pancreatitis ,3.3%). Forty-one cases (68.3%) were diagnosed as definite and 19 (31,8%) as probable DRESS according to the RegiSCAR criteria. The most common allergy-inducing drugs were antiepileptic drugs (51,6%), followed by allopurinol (35,6%). Captopril, sulfamethoxazole, salzopyrine, rifampicin and theophylline were each incriminated in one case. Thirteen severe cases of DRESS (21%) required systemic corticosteroids. The prognosis was favorable in most cases. However, a relapse was observed in 18% of cases and spontaneous recurrence was noted only in 0.5% of patients.

Conclusions: Diagnosing DRESS is challenging due to the diversity of cutaneous eruption and organs involved. Our results are similar to those in literature with some particularities a higher frequency of DRESS induced by antiepileptics and allopurinol and the predominance of hepatic, renal and pulmonary involvement. Clinicians should be aware of this potential adverse reaction when prescribing any new drug.