



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

DRUG REACTION WITH EOSINOPLHILIA AND SYSTEMIC SYMPTOMS SYNDROME SUSPECTED DUE TO ANTI-TUBERCULOSIS DRUGS

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Background: Drug reaction with eosinophilia and systemic symptoms (DRESS) syndrome is a life-threatening condition, consisting of generalized maculopapular rash, fever, hematological abnormalities including hypereosinophilia, the presence of atypical lymphocytes, and involvement of internal organs, especially the liver (can also lymphadenopathy, kidney and lung). The drugs most commonly suspected to be the cause of DRESS syndrome include anti-convulsant drugs, sulfonamides, dapsone, allopurinol, minocyclines, and anti-tuberculosis drugs. From the previous study, there were anti-Cytomegalovirus (CMV) reactivation on DRESS syndrome's patient that can become predisposing factors. The aim of this case report to report a rare case of DRESS syndrome which suspected caused by anti-tuberculosis drugs.

Observation: A case of 38-year-old woman diagnosed with definite DRESS syndrome was reported. Suspected drugs were anti-tuberculosis drugs. History of drug consumption was admitted 10 days before. On the physical examination revealed febris, edema on the lips, and lymphadenopathy. Pruritic generalized erythematous macules was observed with purpuric lesions from diascopy test. There were an increase in liver enzyme levels, leukocytosis, eosinophilia, atypical lymphocytes, and reactive IgG CMV. Patients was treated with systemic corticosteroid equal to prednisone 2 mg/kgBW/day for 12 days then slowly tapering off. Improvement was seen on the 12th day of treatment.

Key message: DRESS syndrome can suspected due to anti-tuberculosis drugs which can prednisone 2 mg/kgBW/day for 12 days then slowly tapering off.

