



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

EPIDEMIOLOGIC PROFILE OF CUTANEOUS ADVERSE DRUG REACTIONS IN THE ELDERLY: A SERIES OF 30 CASES

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Background: Cutaneous adverse drug reactions (CADRs) represent 20% of all adverse drug reactions (ADRs). They are potentially serious, particularly in the elderly, representing a major cause of morbidity and even mortality.

Objective: Our study aims to analyze the epidemiological, clinical and evolutionary aspects of the CADRs in the elderly.

Materials and Methods: A retrospective study of all observations reported in the department of dermatology of Monastir for 7 years (2010-2017). The drug accountability was established by a pharmacological investigation.

Results: Among 111 cases of adverse drug reactions, 30 cases were older or equal to 65 years. There were 12 men and 18 women. Patient age ranged from 65 to 82 years with a median of 70 years. In 93.33% of cases, patients had a pathological history of polymedication. 26 patients (86.7%) were taking three or more medications. In our study, the maculopapular exanthematous represented 30% of cases followed by DRESS (drug reaction with eosinophilia and systemic symptoms) in 26.6%, fixed drug eruptions (FDEs) in 16.6%, lichenoid cutaneous adverse drug reactions in 10 %, acute generalized erythematous pustulosis (AGEP) in 6,6%, toxic epidermal necrolysis (TEN) in 3, 3%, stevens-johnson syndrome (SJS) in 3,3% and medical phototoxicity reaction in 3,3%.

Conclusion: Our results are agreed with those of the literature concerning female predominance, the rate of polymedication, the frequency of pathological history in the elderly, and the type of medications implicated. They are particular by the higher frequency of the serious cutaneous adverse drug reactions like the Dress syndrome. The diagnosis of CADRs should lead to stop the suspected treatment. CADRs, have serious and persistent consequences for the elderly because of the multi-morbidity and presence of geriatric syndromes.

