ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

HODGKIN LYMPHOMA MIMICKING DRUG REACTION WITH EOSINOPHILA AND SYSTEMIC SYMPTOMS (DRESS SYNDROME)

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Background: DRESS syndrome is a severe cutaneous adverse reaction to drugs known to be associated with lymphadenopathy. However, the pathological findings of lymphadenopathy in DRESS are less defined. We report a case of DRESS with unusual complicated course leading to diagnosis of Hodgkin lymphoma (HL).

Observation: A 64-year-old Tunisian woman was referred to us with generalized confluent erythema, involving mainly her face and photo-exposed areas with marked facial oedema, mild mucosal involvement and diffuse pruritus of 3 weeks history. In addition, she had suffered fever and cervical and axillary lymphadenopathy and had been taking carbamazepine for her diabetic neuropathy 3 months prior to the development of the rash. Laboratory analysis showed eosinophilia and atypical lymphocytes. Liver and renal tests were within normal ranges. Cutaneous biopsy showed features of drug rash with dermic infiltrate of lymphocytes and eosinophils. Therefore, she was diagnosed with DRESS based on the fulfilment of diagnostic criteria. Both skin lesions and eosinophilia initially improved after carbamazepine cessation but 2 weeks later she presented with a worsening of her condition. Histopathological examination of an axillary lymph node revealed features of classical HL. The patient was subsequently referred to the hemato-oncology unit for further treatment.

Key message: DRESS syndrome, is a T-cell-mediated, delayed-type IV hypersensitivity reaction that poses a challenging differential diagnosis to lymphoproliferative disorders. Even monoclonal T-cell receptor rearrangement has been reported in drug reactions, rendering the diagnosis of DRESS versus lymphoma more difficult. Interestingly, over the last years an association of both DRESS syndrome and HL with viral reactivation of herpes family members has been demonstrated, complicating the diagnostic process even more, at least in the early stage of the disease. In conclusion, findings of an atypical clinical course of DRESS syndrome, as noted in our case, should raise suspicion for underlying lymphoma.