

ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

NARANJO'S CAUSALITY ASSESSMENT OF STEVENS JOHNSON SYNDROME/ TOXIC EPIDERMAL NECROLYSIS IN HUMAN IMMUNODEFICIENCY VIRUS INFECTION: AN INDONESIAN CASE SERIES

Sylvia Anggraeni⁽¹⁾ - Agatha Anindhita⁽¹⁾ - Retha Layuk⁽¹⁾ - Ardhiyah Iswanda⁽¹⁾ - Yuli Wahyu⁽¹⁾ - Agustina Tri⁽¹⁾ - Menul Ayu⁽¹⁾ - Damayanti Damayanti⁽¹⁾ - Cita Rosita⁽¹⁾ - Dwi Murtiastutik⁽¹⁾

Airlangga University/dr.soetomo Hospital, Dermatovenereology, Surabaya, Indonesia⁽¹⁾

Background: Human Immunodeficiency Virus (HIV) infection is still an unsolved global issue. HIV patients tend to have Cutaneous Adverse Drug Reaction (CADR) greater than normal people. Stevens Johnson Syndrome (SJS) and Toxic Epidemal Necrolysis (TEN) are two of its clinical manifestation. In dermatology perspective, it is important to quickly identify the suspected drugs. Discontinuing the suspected drugs can be lifesaving. Causality assessment is essential to find suspected drugs in order to prevent further damage.

Observation: We observed 6 cases (3 males, 3 females) of SJS/TEN in HIV infection. All of them was Javanese (Indonesian), aged between 25-45 years old. They came to Dr. Soetomo Hospital Surabaya with chief complaint itchy redness patches since 2-21 days before hospitalization. Established diagnosis were SJS (3 cases), TEN (2 cases) and SJS/TEN overlap (1 case), with CD4+ count between 76-412 cells/mm³. SCORTEN were 1-2 points, with mortality rate 3.2-12.1%. Naranjo's causality assessment was performed to find the suspected drugs. The adverse reactions were 'probably' caused by nevirapine and cotrimoxazole. In all cases, the CADR improved when the suspected drugs were discontinued. Drug Patch Test (DPT) was not performed due to ethical issues.

Key message: Most CADR were improved by discontinuing the suspected drugs. Naranjo's causality assessment is the most widely used algorithm because its simplicity, objectiveness and less dependent to personal expertise.