



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

OVERLAP DRESS/SJS: ABOUT 2 CASES

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Background: Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) and Stevens-Johnson syndrome (SJS) are severe cutaneous adverse reactions to drugs (SCARs). Herein, we report 2 patients (P) with an overlap DRESS/SJS.

Observation: A 52-year-old female (P1) and 84-year-old male (P2) presented respectively on May 2017 and July 2018 with a pruritic eruption with mucosal involvement. Eruption started eleven weeks after the onset of phenobarbital for epilepsy (P1) and four days after a new intake of allopurinol for hyperuricemia (P2). This medication has occasionally been taken in the last years. On physical examination, they both were tachypnoeic and febrile. The skin showed an erythematous maculopapular eruption, target-shaped lesions on trunk and extremities, localized petechia and blisters (<10% of the total body surface area), edema on hands (P1) and face (P1 and P2) and mucosal erosions. Nikolsky sign was negative. Patient 2 showed cervical and inguinal lymphadenopathies. Blood tests showed leucocytosis and elevated eosinophil count (16.8/3 x 10⁹/l in P1 and 13.4/1.7 x 10⁹/l in P2), lymphopenia (0.9 x 10⁹/l in P1), elevated alanine aminotransferase, elevated amylasemia (in P1), severe acute renal failure (creatinine 2.6 mg/dl in P2) and elevated C-reactive protein. Cutaneous biopsy (P1) showed necrotic keratinocytes, a moderate dermal infiltrate, and subepidermal bullae. Both diagnosis of DRESS (RegiSCAR score 6) and SSJ were certain in our patients. Phenobarbital was substituted by clonazepam. Allopurinol was immediately stopped. A favorable outcome was seen under high dose of corticosteroids.

Key message: Sometimes, diagnosis of SCARs is difficult due to various presentations. Overlapping forms are defined by fulfilling the criteria for definite or probable diagnosis of at least 2 SCARs. They show additional severity factors.

