



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

RELAPSING COURSE OF SULPHASALAZINE-DRESS COMPLICATED BY ALOPECIA UNIVERSALIS AND VITILIGO

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Background: Drug reaction with eosinophilia and systemic symptoms (DRESS) syndrome is a drug related severe cutaneous adverse reaction characterized by a delayed latency, multi-organ involvement, reactivation of human herpes virus as well as the chronic relapsing course. Various autoimmune associations following the development of DRESS have been described including autoimmune thyroid disease and type 1 diabetes. The exact pathogenesis of autoimmunity remains unclear although a delayed dysfunction of T reg cells and association with viral reactivation have been postulated.

Observation: We present a case of Sulphasalazine-induced DIHS/DRESS complicated by a relapsing course and concurrent autoimmune sequelae. The patient is a 59-year-old gentleman who developed a generalized pruritic dermatosis after consuming Sulphasalazine for a duration of 2 months. This was associated with fever, eosinophilia, renal and hepatic impairment. Skin biopsy performed was consistent with a diagnosis of DIHS/DRESS. He was started on corticosteroids and subsequently immunosuppressants with improvement of his skin. During his treatment, he experienced intermittent flares characterized by erythematous scaly plaques which was associated with CMV reactivation based on PCR. He also developed alopecia universalis and vitiligo which both persisted even after immunosuppressants were stopped.

Key message: Patients with DRESS syndrome are often treated with systemic steroids. However, the use of steroids and concomitant immunosuppression, gives rise to an increased risk of infectious complications such as CMV reactivation. This discordance means a delicate balance must be struck during treatment. DRESS syndrome has also been associated with the development of long term autoimmune sequelae which makes the monitoring of patients even after resolution of the cutaneous eruption essential.

