



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

RHABDOMYOLYSIS DURING OVERLAP STEVENS-JOHNSON SYNDROME/ TOXIC EPIDERMAL NECROLYSIS DUE TO ANTI-EPILEPTICS

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Background: Bullous toxidermias are rare medical complications. Anti-epileptics are part of the first line of the drugs incriminated in these toxidermias. The common presentation does not involve muscle damage, our observation reports the case of bullous toxidermia associated with rhabdomyolysis due to anti-epileptics.

Observation: 26-year-old patient, with a medical history of epilepsy since the age of 16, treated by Carbamazepine. Because of the appearance of new epileptic seizures, phenobarbital has been associated.

7 days after the start of this treatment the patient presented generalized erythematous lesions, fever, asthenia and dark urine.

The physical examination found a positive Nikolsky sign, erosive cheilitis, genital erosions and palpebral edema with bilateral conjunctivitis confirmed by the ophthalmologist. The peeled skin surface was estimated at 20% and the peelable skin area estimated at 90%.

Cutaneous biopsy revealed epidermal necrolysis.

The protocol of treatment was stopping phenobarbital, skin care and intravenous rehydration. The evolution was marked by a steady state of lesions and worsening of the biological balance with manifest rhabdomyolysis and increased transaminases. The decision was to stop carbamazepine and replace it with a benzodiazepine, thus allowing a progressive clinical and biological improvement.

This is an exceptional case of rhabdomyolysis during a syndrome of overlap Stevens-Johnson syndrome/Lyell syndrome, due to anti-epileptics.

This association has been reported in the literature four times. These were two male patients on antiepileptic treatment, and two female patients, on griseofulvin and a nonsteroidal anti-inflammatory drug combined with a statin. The cases reported in the literature and due to antiepileptic drugs have been associated with deaths.

Key message: Rhabdomyolysis is a sign to look for in patients with bullous toxidermia, especially if on antiepileptic treatment. It is a sign of severity requiring urgent care in order to improve the vital prognosis.

