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ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

SERIOUS CUTANEOUS DRUG REACTION DUE TO HYDROXYCHLOROQUINE

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Introduction: Hydroxychloroquine (HC) is widely prescribed in dermatology and internal medicine. Its side effects are dominated by ocular and cutaneous involvement.

Objective: The aim of our study was to determine the clinical characteristics of serious cutaneous reactions (SCR) due to HC.

Material and methods: This was a retrospective study conducted in the dermatology and internal medicine departments of Sfax between January 2013 and May 2018. We collected all cases of SCR due to HC.

Results: During the 6 years of study, 6 cases of SCR due to HC were reported including 5 cases of acute generalized exanthematous pustulosis (AGAP) and 1 case of drug reaction with eosinophilia and systemic symptoms (DRESS). In the cases of AGAP, HC was indicated for systemic lupus, lichen planus, Sjogren's syndrome, systemic sclerosis and oral aphtosis. The rash had appeared after an average delay of 44 days (15-120). The interruption of the treatment allowed complete regression of the rash within an average of 26 days. A DRESS occurred in a 64-year-old woman, 1 month after taking HC for systemic scleroderma. It was a feverish maculopapular eruption sparing palms and plants, associated with facial edema and cheilitis. Biology has shown hyperleucocytosis and eosinophilia. The RegiSCAR was at 4 (likely DRESS). The discontinuation of HC allowed the regression of the rash after 1 month with fine desquamation.

Conclusion: SCR to HC have been reported, the most common is AGAP (83% of the cases in our series) which is characterized by prolonged delay of occurrence and healing. The DRESS to HC seen in one of our patientsis rarely described. The presence of hyperleucocytosis and eosinophilia and the improvement after interrupting HC are the main characteristics. Clinicians should be aware of these life-threatening reactions in order to limit unnecessary prescriptions and to help in timely detection of cutaneous reactions.





