



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

STEVENS-JOHNSON SYNDROME AND BRONCHIOLITIS OBLITERANS ORGANIZING PNEUMONIA: TWO ASPECTS OF A SEVERE DRUG REACTION.

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Background: Stevens-Johnson syndrome (SJS) represents a rare form of drug reaction usually involving less than 10% of the body surface area. Concomitant involvement of internal mucosae, such as the bronchial epithelium, is not uncommon but usually minor. A more severe involvement is very rare, however inflammation and subsequent fibrosis may lead to permanent small airway narrowing if unrecognized and untreated.

Observation: We report the case of a woman in her 40s with a SJS complicated by a bronchiolitis obliterans organizing pneumonia (BOOP) induced by lamotrigine. She was hospitalized with clinical and radiographical suspicion of pneumonia, accompanied by an erythematous maculopapular skin rash. After 48 hours, the rash turned into blister formation with epidermal detachment, with concomitant worsening of the respiratory function and increasing oxygen requirements. A computed tomography scan revealed a typical pneumonic pattern associated to multifocal patchy areas of airspace disease with ground glass haziness on both upper lobes, suggesting BOOP. Prompt interruption of lamotrigine and the beginning of a systemic therapy with intravenous corticosteroids and immunoglobulin lead to a slow but full healing of cutaneous and mucosal lesions with complete recovery of the respiratory symptoms and of the radiological picture.

Key message: Severe drug reactions may present with a variety of clinical appearances and skin involvement may not be the sole manifestation. The association of SJS with BOOP is a rare event, representing a particularly difficult diagnostic and therapeutic challenge. An early recognition and an adequate treatment are essential in order to address its systemic complexity and avoid irreversible damage.

