ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

STEVENS JOHNSON SYNDROME INDUCED BY CRANIAL RADIOTHERAPY WITH CONCOMITANT PHENOBARBITAL: REPORT OF A CASE

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Background: A 42-year-old woman with a history of breast carcinoma (mastectomy + chemotherapy) and cerebral metastasis (lumpectomy + Phenobarbital+ corticosteroids and cranial radiotherapy).
18 days after the last radiation therapy session, the patient consulted for erosive and crustal mucosal lesions associated with rash with facial, scalp and upper back (Nikolsky positive) detachments and lesions on the skin. atypical cockades extended to all the integument.
In front of these lesions the diagnosis of SJS more correctly the intermediate form between the SJS and TEN was retained; the triggering factor is cranial radiotherapy with concomitant Phenobarbital.
The patient was hospitalized, the Phenobarbital was stopped, and the prednisolone was continued. Local care was done. The evolution was marked by an improvement of the general state and by a healing of the lesions after one week.

Observation: Our patient presented a clinical picture of a syndrome of overlap between SSJ and NET.
It is possible that upon discontinuation of Phenobarbital, the process stopped without developing an extensive NET. The authors stated that the period of increased risk is largely limited to 8 weeks of treatment. In our case it is 18 days. The main differential diagnosis is the radiation recall phenomenon, which occurs after the administration of chemo-therapeutic drugs. Prophylaxis with anticonvulsants is recommended for cancer patients with obvious seizures and in cases of brain metastases of melanoma. Valproic acid is the alternative in these cases

Key message: The appearance of a rash on radiotherapy sites in a patient taking Phenobarbital should alert any doctor to the possibility of EM, SJS or NET. However, if one should choose to administer an anticonvulsant one will choose valproic acid