



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

SWEET'S SYNDROME INDUCED BY LAMOTRIGINE: POSSIBLE NEW DRUG ASSOCIATION

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Background: Sweet's syndrome (SS), also known as acute febrile neutrophilic dermatosis, was first described by Robert Douglas Sweet in 1964. SS can be classified into classic, malignancy-associated and drug-induced subtypes. The latter has been reported to occur in 1% to 26% of cases. Several medications are associated with drug-induced SS and granulocyte-colony stimulating factor (G-CSF) is the most commonly reported. Carbamazepine and Diazepam are the only two antiepileptic drugs reported in association with this dermatosis.

Observation: A 28-year-old man with a history of epilepsy in long term treatment with clobazam 5 mg QD and phenytoin 100 mg TID since childhood. Five months ago, he started lamotrigine 25 mg QD instead of phenytoin, increasing its dosage progressively to 100 mg QD in the last week. The dosage of clobazam was not changed.

He had a four-day history of facial edema and eruptive erythematous tender plaques with pustules on its surface in the head and neck with associated fever (38,8°C). Some lesions were in the vermillion of upper and lower lips, without findings in the oral mucosa. Remarkable laboratory findings were leukocytosis (14.500/mm³) and neutrophilia (11.223/mm³). Since a drug reaction was suspected lamotrigine was suspended. Histologic examination revealed focal hyperparakeratosis, subcorneal neutrophilic pustules and marked edema of the papillary dermis associated with a dense perivascular and interstitial neutrophilic dermic infiltrate, without vasculitis. Three days after drug suspension lesions began to fade and levetiracetam was started instead. After two months follow up he continues without recurrences.

Key message: To our knowledge this is the first report of a SS induced by lamotrigine. Since oral challenge was not necessary, in this case the temporal relationship between disease onset and lamotrigine dosage increase, along with the rapid response to drug withdrawal, allows lamotrigine to be considered as the main suspicious etiology.

