



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

## **TITLE: MORE THAN MEETS THE EYE: STEVENS JOHNSON SYNDROME SECONDARY TO MOXIFLOXACIN EYEDROPS IN A 61-YEAR OLD FILIPINO FEMALE**

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**Background:** Epidermal necrolysis is a spectrum of acute life threatening mucocutaneous reactions characterized by extensive keratinocyte necrosis and detachment of the epidermis. Stevens Johnson Syndrome (SJS) is characterized by involvement of <10% Body Surface Area. Drugs are the most common etiologic factors for SJS, however, there have only been few reported cases in which ophthalmic medications are implicated. We present a case of a 61-year old female who developed SJS after instillation of antibiotic eyedrops.

**Observation:** This is a case of a 61-year old female with a 1-week history of erythematous macules and patches on the trunk and upper extremities. Patient was treated as a case of conjunctivitis after consulting with an Ophthalmologist for eye redness and pruritus. After 2 instillations of moxifloxacin eye drops, she developed periorbital and facial edema, mucocutaneous lesions with associated pruritus, dysphagia, dysuria and pain on defecation. She was initially managed with methylprednisolone and antihistamines, however, due to persistence of mucosal lesions despite several days of treatment, was advised admission. The Dermatology service initiated adjuvant therapies such as mid-potent topical steroids, emollients and oral care. She was co-managed with Ophthalmology service through daily lid scrubbing, ophthalmic antibiotics, steroids and lubricants. Patient was discharged after 5 days with near-resolution of cutaneous lesions.

**Key message:** Drugs remain to be the most common cause of SJS. This report aims to increase awareness regarding the possibility of cutaneous Adverse Drug Reactions secondary to ophthalmic medications. Prompt withdrawal and a multidisciplinary approach are essential in reducing mortality and preventing sequelae.

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