ABSTRACT BOOK ABSTRACTS



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ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

TOXIC EPIDERMAL NECROLYSIS ASSOCIATED TO PHENYTOIN SUCCESFULLY TREATED WITH CYCLOSPORINE A IN A PATIENT WITH TYPE I NEUROFIBROMATOSIS - A CASE REPORT

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Background: Toxic epidermal necrolysis (TEN) is an extremely serious and infrequent toxicoderma; it is characterized by necrosis and the subsequent detachment of the epidermis in large cutaneous areas after an idiosyncratic reaction to a drug. Although the pathogenesis of TEN is still unclear, it is widely accepted that TEN is an immunologically mediated disease. The treatment of TEN is often unsatisfactory. Cyclosporine was demonstrated to affect the early phase of T-cell activation and since the end of the nineties has been tested in a limited series as a single immunomodulator in patients with NET, improving results in terms of survival compared to studies with other drugs.

Observations: We present the case of a female patient with a history of type I neurofibromatosis and grade III astrocytoma diagnosed 15 days before admission debuting with seizures who develops TEN secondary to the use of phenitoin. She was treated with 4 mg/kg/day cyclosporine and continued it for 10–21 days, Rapid improvement in skin condition was observed; skin and mucous lesions healed completely after this treatment.

Conclusion: Since it was described by Allan Lyell in 1856, important advances have been made in its treatment, however, it continues to be discussed and is not yet standardized, so it is still an acute condition, which puts life at risk with a mortality ranging from 20 to 60%. It is evident that isolated cases do not justify the systematic use of Ciclosporine A as a treatment, but it should be considered as treatment of choice in the early phase of TEN to arrest primary immunopathological processes.

Key words: Toxic epidermal necrolysis, toxicoderma, Ciclosporine, phenitoin, neurofibromatosis.





