



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

UPDATE OF DIHS/DRESS: CLINICAL AND BASIC

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Drug reaction with eosinophilia and systemic symptoms (DReSS/DiHS) is an uncommon severe cutaneous drug reaction. It is essential to recognize it, as it is potentially fatal. DReSS/DiHS may affect several organs, may lead to complicated infections, and may be the cause of significant short and long-term sequelae. The relationship between genetic factors, viral activation and specific drug exposure are now known to play a role in this disease. At clinical presentation, DReSS manifests as a pruritic morbilliform rash involving face, trunk and extremities. Other clinical findings are facial oedema, fever and lymphadenopathy. There is still not a widely accepted serum marker for DReSS, but laboratory features are better outlined now. It is recommended an extensive workup according to the clinical presentation of the patient to identify organ involvement. The RegiSCAR (European Registry of Severe Cutaneous Adverse Reaction) and the JSCAR (Japanese Research Committee on Severe Cutaneous Adverse Reaction) are diagnostic criteria that help at the identification of potential or complicated cases of DReSS/DiHS. The mainstay treatment is to withdraw the suspect medication and the use of systemic corticosteroids. If corticosteroids are contraindicated or ineffective, other options are cyclosporine, intravenous immunoglobulin, mycophenolate mofetil, or cyclophosphamide. Also, it is of utmost importance to counsel patients about potential cross-reactivity with other drugs and the genetic risks in relatives.

