

ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

## DRUG REACTION WITH EOSINOPHILIA AND SYSTEMIC SYMPTOMS (DRESS) SYNDROME SECONDARY TO ALLOPURINOL: A CASE REPORT

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Background: DRESS syndrome a type-IV delayed hypersensitivity reaction is a severe and potentially life-threatening drug induced reaction characterized by severe skin rash, fever, lymphadenopathy, hematologic derangements and internal organ involvement-most commonly the liver and, to a lesser extent, the kidneys, lungs, and brain. Allopurinol, a commonly used drug for the treatment of gout and other complications of hyperuricemia is documented as one of the drugs associated with DRESS syndrome.

Observation: We report a case of an 73-year-old female with medical history of hypertension, atrial fibrillation, cardiovascular failure, ischemic stroke and about a week ago started allopurinol (300mg/day) for gout presented with diffuse skin rush. Physical examination detected fever (40.5°C), erythema and maculo-papular rash all over the body. Laboratory examinations revealed leukocytosis, pronounced blood eosinophil count and acute renal failure. Skin biopsy revealed interface dermatitis. Dress secondary to allopurinol was diagnosed and the drug was discontinued. She also received high dose antihistamines and systemic corticosteroids with a 6 week taper. On a follow up 2 week later, rash had resolved.

Key message: DRESS syndrome is a severe drug reaction with an estimated mortality of up to 10% largely due to multi-organ dysfunction. Allopurinol is commonly used in clinical practice for the treatment of symptomatic hyperuricemia and gout but can lead to severe consequences, such as DRESS syndrome, especially when used indiscriminately.





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