



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

## UTILITY OF PATCH TEST IN IDENTIFYING ANTI TUBERCULOSIS DRUG-INDUCED HYPERSENSITIVITY SYNDROME IN A COUNTRY WITH HIGH TUBERCULOSIS ENDEMIC AND RESISTANCY

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**Background:** Tuberculosis (TB) is an ancient disease that remained endemic in Indonesia with high prevalence. Four Drugs Fixed Dose Combination (4FDC) containing rifampicin, isoniazid, pyrazinamide, and ethambutol were provided generally by the government due to high incidence of TB drug resistancy.

**Observation:** We report a case of 33 year-old female with history of tuberculous lymphadenitis 4 weeks before admission, developed generalized maculopapular rash, with pruritus, fever, facial edema, eosinophilia and elevated liver enzyme more than five times the baseline after taking 4FDC for 2 weeks. She was diagnosed with Drug Induced Hypersensitivity Syndrome (DIHS) based on RegiSCAR criteria and treated with systemic methylprednisolone 2 mg/kg for 3 days and after 1 month tapered off to 10 mg/week. Patch testing were held 6 weeks after and revealed positivity to isoniazid, pyrazinamide, and ethambutol. Rifampicin was given afterwards, but the patient developed subsequent generalized maculopapular rash and pruritus after 2 days. Rifampicin was then stopped thus the patient only had excisional biopsy without taking FDC.

**Key message:** Though the sensitivity of patch test in identifying the culprit drugs for most DIHS were doubted, it may be considered for anti tuberculosis.

