

# A Tale of Two Syndromes: Can Okra and Long Beans Trigger DRESS or Stevens-Johnson Syndrome?

No 014

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## Introduction

Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) syndrome is a rare, potentially fatal drug-induced hypersensitivity reaction. It is often misdiagnosed as Stevens-Johnson Syndrome (SJS) or Toxic Epidermal Necrolysis (TEN) due to overlapping symptoms. The condition has a mortality rate of 10–20%, and early diagnosis, withdrawal of the offending drug, and corticosteroid treatment are essential for better outcomes.

## Case Study

A 27-year-old Indonesian male presented with a one-month generalized rash and one-week fever, initially suspected as SJS/TEN. Dermatology later diagnosed erythema multiforme with mucositis, complicated by DRESS syndrome likely due to mycoplasma infection. He improved with antibiotics and steroids but left against medical advice due to financial issues.

## Discussion

DRESS syndrome is a rare, potentially fatal hypersensitivity reaction often misdiagnosed as SJS/TEN due to overlapping symptoms. In this case, a patient presented with prolonged rash, mucositis, and systemic signs initially suggestive of SJS/TEN but was later diagnosed with erythema multiforme complicated by DRESS, likely triggered by *Mycoplasma pneumoniae* despite absent eosinophilia. Treatment with antibiotics and corticosteroids led to improvement, but financial constraints led to early discharge, highlighting the impact of socio-economic factors on care.

## Conclusion

This case illustrates the diagnostic challenges of DRESS syndrome, especially when it mimics SJS/TEN and presents without eosinophilia or a clear drug trigger. *Mycoplasma pneumoniae* was suspected as the cause. Prompt treatment with corticosteroids and antibiotics improved the patient's condition, but financial constraints led to early discharge, underscoring the need for both clinical vigilance and improved healthcare access.



Figure 1  
Reference



Figure 2



Figure 3



Figure 4



Figure 5

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