

Crash In Rash: Stevens Johnson Syndrome (SJS) Secondary To Antiepileptic Drug'

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Introduction

Stevens Johnson syndrome(SJS) is a rare and serious hypersensitivity reaction with epidermis and mucosal membrane involvement. SJS typically affects <10% of total body surface area. Most common cause is reaction to medication. Others can be due to malignancy or infection.

Case description

A 59 year old lady with no known allergy and underlying stage IV breast cancer(metastasis to brain and liver) presented with generalised body rashes for past 4 days. She initially started having fever and flu then rashes with painful swollen lips and oral ulcer. Apart from that, she also had poor oral intake and lethargy. Upon further history, she was newly prescribed with T. Phenytoin 100mg TDS by the oncology team during last TCA which was a week prior to the symptoms. On Physical examination, noted generalised maculopapular rashes over trunk, limbs and face. There were multiple blisters seen on the lips with bilateral periorbital oedema and erythematous conjunctiva.

Vital sign was stable with mild temperature of 37.9. Phenytoin was stopped immediately and she was given hydrocortisone, fluid resuscitation, analgesia and antibiotics. She was referred and admitted under dermatology as primary team diagnosed as SJS probable secondary to Phenytoin.

Discussion

Pathophysiology of SJS is complex and severe immune response that leads to severe inflammation and skin reaction. Most common medication that triggers it such as antibiotics, anticonvulsants and analgesic (e.g. NSAIDs). Usually two or more mucosal membranes are involved. Toxic Epidermal Necrolysis (TENS) should be considered if total body surface area affected is >10%. In this case, painful rashes, blister on lips, mouth ulcers and conjunctivitis are the hints that leads to SJS.

Conclusion

Stevens-Johnson syndrome(SJS) is a dermatological emergency that can be fatal. Since SJS is diagnosed clinically, it is important to do thorough physical examination and get full medication history from patients. A proper exposure during physical examination might actually give a hint to differentiate SJS from other differential diagnosis of rash.

Keywords

Stevens-Johnson syndrome, blister, hypersensitivity, conjunctivitis



Reference

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