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Fluconazole induced Stevens Johnson syndrome-toxic epidermal necrolysis overlap

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Stevens-Johnson syndrome and toxic epidermal necrolysis are severe cutaneous Adverse Drug Reactions that predominantly involve skin and mucous membranes. They are characterized by mucocutaneous tenderness and typically hemorrhagic erosions, erythema and more or less severe epidermal detachment presenting as blisters and areas of denuded skin. Currently TEN and SJS are considered to be two ends of a spectrum of severe epidermolytic adverse cutaneous drug reactions, differing only by their extent of skin detachment. Drugs are assumed or identified as the main cause of SJS/TEN in most cases, but mycoplasma pneumoniae and herpes simplex virus infection are well documented causes. Several drugs are high risk of inducing TEN/SJS including: Allopurinol, Trimethoprim-sulfamethoxazole and other sulfonamide antibiotics, aminopenicillins, cephalosporins, Quinolones, Carbamazepines, Phenytoin, Phenobarbital and NSAIDs of oxicam type. Diagnosis relies mainly on clinical signs together with histological analysis of skin biopsy showing typical full thickness epidermal necrolysis due to extensive keratinocyte apoptosis. We describe herein the first case of SJS-TEN overlap occurring in an HIV negative patient during oral fluconazole treatment in Govt. Medical College Kottayam. A 14 years old female was admitted to the department of dermatology with 3 days history of skin and mucosal lesion accompanied by high fever and malaise. The cutaneous manifestation had developed one week after the onset of treatment with oral fluconazole for fungal infection of scalp. Apart from Fluconazole patient had received no other medications and no history or evidence of autoimmune or neoplastic disorders. Physical examination of the patient on admission revealed a confluent erythematous, maculopapular, and focally bullous skin rash with large numbers of targeted lesions over her face, upper trunk and extremities. There were superficial ulcers and erosions in oral mucosa, erosions and crusts on her oedematous lips and severe conjunctivitis. Blisters and epidermal detachment affected more than 15% of patients' body surface. Blood investigations revealed anaemia, leucocytosis and raised ESR. Serological test for HIV, Hepatitis B, CMV, HSV were negative. Histological examination of skin biopsy revealed features consistent with SJS/TEN. We suggest, therefore, that fluconazole should be considered as one of the risk drug capable of causing SJS/TEN.

Biography

Marzook A M completed MBBS from ACME Pariyaram, Kannur, Kerala in 2007 and worked as Assistant Surgeon in Health Service for 5 years, completed 2 months course of Basic certificate course in Palliative medicine. He is now doing post graduation in Pharmacology at Government Medical College, Kottayam, Kerala.

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