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Anti-tubercular treatment induced Exfoliative Dermatitis

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Exfoliative Dermatitis is a serious, at times life-threatening, reaction pattern of the skin characterized by generalized and uniform redness and scaling involving practically the entire skin. It is usually drug induced, idiopathic, or secondary to underlying cutaneous or systemic disease. Theoretically, any drug may cause exfoliative dermatitis. Among antitubercular drugs, exfoliative dermatitis has been reported with rifampicin, isoniazid, ethambutol, pyrazinamide, streptomycin, PAS either singly or combination of two drugs in some case reports. It usually presents by six to eight weeks of initiation of antitubercular treatment. Early recognition, prompt withdrawal of antitubercular therapy and institution of steroids, if reaction is severe, are cornerstones of its management. Here we report a rare case of pulmonary tuberculosis with exfoliative dermatitis. A 70-year-old female patient was diagnosed with a case of smear positive pulmonary tuberculosis, on CAT-I antitubercular treatment for ten weeks, presented to us with complaints of pruritus and scaling all over the body. On examination, there was generalized scaling eruption distributed all over the body and face. A diagnosis of exfoliative dermatitis due to antitubercular treatment was made because she was not taking other medicines except losartan which she was taking for last 6 years. Antitubercular treatment was then withheld and she was started on corticosteroids. Further workup revealed a normal total leukocyte count, normal liver and kidney function tests. We analyzed the adverse drug event using Naranjo scale and found it to be a probable reaction with a score of 6. The event had moderate severity on the Modified Hartwig and Seigel scale

Biography

Plessan Joy has completed MBBS in 2012 from MOSC medical college Kolenchery, Kerala, India. Now he is doing post-graduation in Pharmacology at Government Medical College Kottayam, Kerala, India.

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