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A case study of hypersensitive skin rash in pediatric patient on Ceftriaxone

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Background: Ceftriaxone is third generation cephalosporin given by parenteral route with long plasma half life and high protein binding. It is commonly used antibiotic in children for pneumonia, typhoid fever and urinary tract infection. Hypersensitive reactions following ceftriaxone therapy are uncommon but is life threatening. Skin rash occurs as rare adverse event. Patients diagnosed with hypersensitive reaction to ceftriaxone show uneventful recovery with steroids and cessation of drug.

Case Report: Here we are reporting a case of 3 year old male child who was admitted in Government General Hospital, Pediatric Department Kakinada, with history of dog bite on right cheek. He underwent minor surgery loose sutures were applied for wound, he was kept on injection ceftriaxone 500 mg BD for the first time and kept on antirabies vaccine schedule. On 4th postoperative day, he developed maculopapular rash all over the body with mild fever. Immediately he was given chlorpheniramine injection, kept under observation and symptoms subsided. 5th day dechallenge was done no reaction observed, rechallenge was done and similar rash appeared on 6th day and he was managed as before. He was kept on injection amoxicillin clavulanic acid after which no reaction was observed.

Blood Reports:

Absolute eosinophil count - 346 cells/ μ L (WNL)
Total leucocyte count - 5700 cells/ μ L
Differential leucocyte count;
Polymorphs- 34%
Lymphocytes - 58%
Eosinophils- 6%
Monocytes- 2%

Conclusion: As patient showed positive response towards rechallenge and dechallenge; this implies the contribution of ceftriaxone to the skin reaction.

Biography

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