

3rd International Conference and Exhibition on Pharmacovigilance & Clinical Trials

October 27-29, 2014 Hyderabad International Convention Centre, India

A case study of phenytoin-induced Stevens-Johnson syndrome in seizure disorder patient with type 2 Diabetes mellitus

Shweta T¹, Thunga G¹ and Hande H M²

¹Manipal University, India

²Kasturba Hospital, India

Phenytoin-induced Stevens-Johnson syndrome is very rare with incidence rate (13.37%), acute, serious and potentially fatal cutaneous drug reaction that usually occurs during the first two months of therapy and is characterized by typical target lesions with widespread blisters on the face, mucous membranes, trunk and extremities. Here we present a case study of a 50 year old male; known case of Diabetes mellitus (since 20 yrs) and seizure disorder (since 1 month) who was on phenytoin therapy; came to a tertiary care hospital with chief complaints of oral ulcers and odynophagia since 15 days, rash over abdomen and chest since 2 days, and fever since 1 day. On examination, vitals were stable, erythematous maculopapular lesions were present over the abdomen and thorax, laceration was present over the right lateral tongue border and ulcers were seen on the gingiva and systemic examination was normal. Ophthalmology and cardiac consultations were taken in view of diabetes and patient was found to have papilledema. MRI venogram was done which revealed few lacunar infarcts in right centrum semiovale. Patient was diagnosed to have developed phenytoin-induced Stevens-Johnson syndrome. Phenytoin was stopped and instead levetiracetam was started with a stat dose of 1g and then 500 mg as maintenance dose twice daily (BD) at interval of 12 hours. Patient was prescribed with Tab. Gluconorm G2 (Glimepiride 2 mg+Metformin 500 mg) Once Daily (OD) in view of Type 2 DM, tab. Levocetirizine 5 mg OD in view of Phenytoin-induced allergy, tab. Fluconazole 150 mg OD for oral candidiasis, tab. Ranitidine 150 mg BD as prophylaxis for dyspepsia, Quadiderm ointment and Calosoft body lotion for local application in view of curing the lesions on the body, TESS ORA paste to apply on tongue lesions, and cap. Cobadex Forte OD as multivitamin supplementation. Patient had a hospital-stay of 7 days after which Neurology opinion was taken; patient improved symptomatically and was advised to continue with the same medication on discharge for 2 weeks with tab. Gluconorm G2 and tab. Levetiracetam to be continued. Patient was advised for diabetic diet of 1600 Kcal/day and was asked to review in MED 4 OPD after 1 month.

Biography

Shweta T is perusing a Doctor of Pharmacy (PharmD) Intern at Manipal College of Pharmaceutical Sciences, Manipal University, Manipal, Karnataka, India. She has received 'Best Poster Presentation Award' in "65th Indian Pharmaceutical Congress" and secured 'First Prize' in a conference of "Kautilya's Society for Pharmacoeconomics and Outcome Research-Manipal Chapter" and has a wide area of interest in 'Pharmacovigilance', 'Clinical Trials', 'Adverse Drug Reaction Reporting and Monitoring'.

shalin.shweta@gmail.com