Antituberculous Therapy Induced Steven Johnson Syndrome-A Case Report
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Abstract: Steven Johnson Syndrome (SJS) is one of the severe forms of cutaneous adverse drug reactions (CADRs), also known as erythema multiforme majus, it is a potentially fatal condition that manifests widely on the skin and mucosal surfaces, but also other vital organ. In 95% of case reports, drugs were found to be an important cause for the development of SJS. In this case report, a female patient presented to the emergency with thready pulse, blood pressure not recordable, fever and skin erosions all over the body. She was transferred to the skin ward where she was diagnosed as a case of SJS due to antituberculous therapy (ATT). She was advised corticosteroids, third generation cephalosporin and to stop the offending drugs. She recovered well and was discharged after seven days. Causality assessment was done by Naranjo’s scale. Scorten scale was used for severity assessment.

Keywords: SJS, CADR, ATT, Naranjo Probability scale, Scorten Severity scale.
Cartridge based nucleic acid amplification test (CBNAAT) showed mycobacterium. Complete haemogram revealed microcytic hypochromic anaemia. Other routine investigations were within normal limits.

After two weeks of treatment, she recovered well. She was referred to the chest and tuberculosis department where ATT was again started in a very low dose with an advice to increase the dose gradually. She was discharged with advice to hold ATT and review in case of any ADR.

Total score >9 showed the probability of the ADR due to the drug to be ‘definite’ on Naranjo’s scale. Scorten scale assessment was 2 which means that risk of dying was approximately >12.1%.

DISCUSSIONS

EM, SJS and TEN are part of a clinical spectrum. TEN is the most severe form of drug induced skin reaction and is defined as epidermal detachment >30% of body surface area (BSA). SJS presents with <10% BSA involvement whereas 10-30% is defined as SJS/TEN overlap [5].

The ATT drugs under study here are used by the patient for long term. SJS involvement of the GI may lead to stenosis or stricture with dysphagia and ileus. Epithelial necrosis of the bronchus may lead to pulmonary oedema and respiratory failure. Likewise, vaginal stenosis, conjunctivitis, ankyloblepharon, symblepharon, entropion with dry eye syndrome may ensue. Kidney, pancreas may be rarely involved. The mortality rate of SJS is 1-3% and TEN 30-50% [5].

Early diagnosis, prompt removal of the offending drug, meticulous asepsis and fluid balance are the vital ingredients for a positive outcome. Corticosteroids are the mainstay of treatment. Complications like thromboembolism can be fatal. Lid globe adhesion can be supportive.

Although rare, the first line ATT drugs can lead to hypersensitivity reactions leading to a spectrum of CADR with SJS and TEN as the most life threatening. Therefore, caution and detailed history of past consumption of the drugs is very important for treating tuberculosis patients who are already immunogenically compromised.

Key Messages: Although rare, the first line ATT drugs can lead to hypersensitivity reactions leading to a spectrum of CADR with SJS and TEN as the most life threatening. Therefore, caution and detailed history of past consumption of the drugs is very important for treating tuberculosis patients who are already immunogenically compromised.

REFERENCES