

## CASE REPORT

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# Drug Induced-Stevens Johnson Syndrome: A Case Report

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## Abstract

**Background:** Stevens–Johnson syndrome (SJS) is one of the severe forms of cutaneous adverse drug reactions (CADRs). Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are severe idiosyncratic reactions. They are most commonly caused by medications, which are characterized by fever and mucocutaneous lesions leading to necrosis and sloughing of the epidermis. Stevens Johnson Syndrome (SJS) and TENS (Toxic Epidermal Necrolysis Syndrome) another form of SJS-are severe adverse reactions to medication. **Methods:** This is an observational type of case report which we observed in our hospital on regular ward rounds. **Results:** This is a case report of Paracetamol induced SJS. Causality assessment of this event with Naranjo' scale suggests "Probable". **Conclusion:** This case concludes that severe hypersensitivity reactions like SJS can be caused by acetaminophen use and which can be potentially life threatening which needs the additional treatment.

**Key words:** Stevens Johnson Syndrome, Toxic Epidermal Necrolysis Syndrome, Adverse drug reactions.

## INTRODUCTION

Steven-Johnson Syndrome (SJS) is an infrequent but a severe form of immune complex mediated hypersensitivity reaction to drugs which typically involves the skin and the mucous membranes.<sup>[1]</sup> The exact cause of SJS and TEN is unknown.<sup>[2]</sup> Most often, it's a severe reaction to a medicine like antibacterials (sulfonamides), anticonvulsants (phenytoin, Phenobarbital, and carbamazepine), nonsteroidal anti-inflammatory drugs (oxycam derivatives), and oxide inhibitors (allopurinol).<sup>[3]</sup> Nonsteroidal antiinflammatory drugs (NSAIDs), analgesic agents, and nonsulfonamide antibiotics are associated with them is controversial. The relative risk associated with the use of specific drugs has never been quantified.<sup>[4]</sup> Acetaminophen is amongst the most extensively used analgesic and anti-pyretic because of easy availability and cost-effectiveness. Despite being considered relatively safe, adverse reactions including cutaneous hypersensitivity reactions have been reported.<sup>[5]</sup> It is severe and highly weakening adverse drug reactions. However, very rare cases of SJS and TEN have been reported as which is being associated with Acetaminophen usage.

## CASE REPORT

A 38-year-old female admitted in dermatology department with complaints of painful lesion in oral cavity, redness of eyes and purulent discharge. The past medical history revealed that the patient was suffering from fever and pain since 1 week. The patient was prescribed some medicines for fever and cough for 5 days by a local medical



practitioner after taking that medicine she relieved from fever and cough but later she had oral thrush, painful lesions in oral and nasal cavity. And she was having the history of odynophagia, redness of eyes and purulent discharge after taking treatment. On examination of oral cavity it is found that hyper pigmentation on lips, inflammation of buccal cavity, congested mucosa, crusting and bleeding spots. On detailed inquiry, the patient had a history of ingestion of tablet paracetamol and Doxycycline prescribed by a general practitioner for fever and cough, following which she developed swelling over lips and oral thrush. Considering the history, clinical examination, the patient was diagnosed as a case of paracetamol induced SJS. The patient was treated with Injection Dexamethasone, pheniramine maleate, ointment fusidic acid and some nutritional supplements. On causality assessment using Naranjo's causality algorithm, association was probable for the drug.

## DISCUSSION

SJS is an uncommon, severe, mucocutaneous blistering disorder with an acute and unpredictable onset causing considerable morbidity. Its more severe form is called TEN. Previously, SJS was considered as EM major, but now is considered distinct from EM on the basis of severity, presence of constitutional signs, atypical target lesions with tendency to confluence, positive Nikolsky's sign, more than one mucosal site involvement, and residual sequelae.<sup>[6]</sup> SJS and TEN are life threatening immune complex hypersensitivity reactions. They are progressive, severe variants of Erythematous multiform spectrum with drugs being the most common associations.<sup>[1]</sup>

The most frequent medications cause this adverse reaction; are antibiotics like Sulfonamide and beta-lactams antibiotics, analgesics like Diclofenac, Allopurinol and anti-convulsant drugs like Antiepileptics.<sup>[7]</sup> It is generally start as a fever, flu like symptoms, sore throat, which forbid early diagnosis of this disease, then rash and ulceration arise subsequently.<sup>[8]</sup> Treatment for Stevens-Johnson syndrome is as depending on the symptoms of each patient by withdrawing any suspected medications which causing SJS.

## CONCLUSION

Stevens-Johnson syndrome and toxic epidermal necrolysis which is a life threatening condition as a public health issue is provided by the excess risks which may be occurred due to drugs like NSAIDs, antibiotics and antiepileptic drugs. It is very important to be alert to severe hypersensitivity reactions and supportive care is an essential part of the therapeutic approach. Corticosteroids are a choice of therapy for SJS in most of the cases. A risk assessment is required for preventing the additional tissue damage.

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