

CHAPTER 9

DRUG REACTION WITH EOSINOPHILIA AND SYSTEMIC SYMPTOMS (DRESS SYNDROME) (L27.0)

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REMEMBER

- ▶ Annual incidence of drug reaction with eosinophilia and systemic symptoms (DRESS syndrome) in general population ranges from 0.9/100,000 to 10 cases per million, but global data are not clear.
- ▶ DRESS syndrome is more common in women compared to men.
- ▶ DRESS syndrome can also occur in the pediatric age group, but it is rarer than in adults.
- ▶ The most important factor triggering the disease is the use of certain drugs. Especially antiepileptics such as carbamazepine, allopurinol, non-steroidal anti-inflammatory drugs (NSAIDs), sulfonamides, and vancomycin.
- ▶ DRESS syndrome develops idiosyncratically (=independent from the dose) in drug use. It usually develops between 3 weeks and 3 months after taking the culprit drug. In some cases, paradoxically, the disease may be exacerbated despite drug discontinuation.
- ▶ The disease has also been associated with human Herpes virus-6 (HHV-6), Cytomegalovirus (CMV), and Epstein-Barr (EBV) virus reactivations.
- ▶ Some HLA loci increase the susceptibility to disease: HLA-A 31:01, HLA-B 58:01, and HLA-B 15:02.
- ▶ DRESS syndrome is a multisystemic drug reaction with maculopapular rash, fever, facial edema, eosinophilia, and internal organ involvement after suspected drug intake.

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Ophthalmology

- ▶ Ocular involvement is very rare in DRESS syndrome.
- ▶ Infrequent complications include uveitis, bilateral marginal corneal infiltrates, and glaucoma. In case of doubt, patients should be consulted.

Physical Medicine and Rehabilitation / Rheumatology

- ▶ Patients may develop arthralgia, and reactive arthritis during, and after the acute eruption. In case of doubt, the patients should be assessed by relevant specialists.

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BÖLÜM 21

İLAÇ İLE İNDÜKLENEN HİPERSENSİTİVİTE SENDROMU (DRESS SENDROMU) (L27.0)

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HATIRLA

- İlaç ilişkili hipersensitivite sendromunun (DRESS sendromu) genel popülasyonda yıllık insidansı 0.9/100.000 ile milyonda 10 vaka arasında değişmektedir, ancak global veriler net değildir.
- DRESS sendromu kadınlarda erkeklere göre daha yüksek sıklıkta görülür.
- Pediyatrik yaş grubunda da DRESS sendromu ortaya çıkabilir ancak yetişkinlere göre daha nadirdir.
- Hastalığı tetikleyici en önemli etken ilaç kullanımudur. Özellikle karbamazepin gibi antiepileptikler, allopürinol, steroid olmayan anti-inflamatuvar ilaçlar (NSAİİ'ler), sulfonamidler ve vankomisin.
- DRESS sendromu, ilaç kullanımalarında idiyosenkrazik (=dozdan bağımsız) olarak ortaya çıkar. Genellikle ilaç alımını takiben 3 hafta-3 ay arasında klinik tablo gelişir. Bazı durumlarda ilaç kesilmesine rağmen paradoksal olarak hastalık şiddetlenebilir.
- Hastalık İnsan Herpes virüsü-6 (HHV-6), Sitomegalovirüs (CMV) ve Epstein-Barr (EBV) virüs reaktivasyonları ile de ilişkilendirilmiştir.
- Bazı HLA lokusları hastalığa yatkınlığı artırmaktadır: HLA-A 31:01, HLA-B 58:01 ve HLA-B 15:02.
- DRESS sendromu, şüpheli ilaç alımı sonrası makülopapüller döküntü, ateş, fasiyal ödem, eozinofili ve iç organ tutulumu ile seyreden multisistemik bir ilaç reaksiyonudur.

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- ▶ Nadir komplikasyon arasında üveit, bilateral marjinal korneal infiltratlar ve glokom bildirilmiştir. Şüpheli durumunda hastalar konsülte edilmelidir.

Fiziksel Tıp ve Rehabilitasyon/ Romatoloji

- ▶ Hastalarda akut erüpsiyon sırasında ve sonrasında artralji ve reaktif artrit meydana gelebilir. Şüpheli durumunda ilgili uzmanlardan konsültasyon istenmelidir.

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