BÖLÜM 17

ÇOCUK NÖROLOJİ HASTALARİNDA İLAÇ ERÜPSİYONLARI

Halime ERMİŞTEKİN[1]
Fulya TAHAN[2]

GİRİŞ

Antiepileptik ilaçlar (AEİ), çocuklarda epilepsi tedavisinde genellikle altta yatan epileptik bozukluğa bağlı olarak, aylar-yıllar boyunca günlük olarak kullanılır. Bu ilaçlara bağlı gelişen reaksiyonlar, hafif deri döküntüsünden, mukozal ve sistemik tutulumun eşlik ettiği hayatı tehdit eden ağır reaksiyonlara kadar değişebilmektedir. Bu döküntülerin tanı ve yönetiminde birincil hedef, nedensel tetikleyiciyi doğru bir şekilde tanımlamaya çalışmak ve aynı zamanda güvenli ve etkili bir alternatif AEİ belirlemek olmalıdır.[1]

Bu bölümde makülopapüler ilaç döküntüleri, ürtikeryal ilaç döküntüleri, serum hastalığı benzeri reaksiyonlar, akut jeneralize ekzantematöz püstüloz (AGEP), FİD (fiks ilaç döküntüsü), eritema multiforme (EM), SJS/TEN (Stevens-Johnson sendromu / toksik epidermal nekroliz) ve DRESS (eozinofili ve sistemik semptomlarla seyreden ilaç reaksiyonu) gibi klinik bulgular ve prognoz açısından farklı seyreden ilaç reaksiyonları anlatılacaktır

[1] Uzm. Dr., Erciyes Üniversitesi Çocuk Allerji BD., ermistekinhalime@gmail.com
[2] Prof. Dr., Erciyes Üniversitesi Çocuk Allerji BD., tahanfulya@yahoo.com

DRESS SENDROMU

DRESS sendromu ateş, lenfadenopati, hematolojik anormallikler, çoklu sistem tutulumu ve viral reaktivasyon ile karakterize ciddi bir kutanöz ilaç reaksiyonudur.[46] Genellikle bir ilaca başlandıktan iki hafta ila iki ay sonra ortaya çıkar.[47] Döküntü genellikle polimorfiktir ve makülopapüler ekzantem, likenoid, eksfolyatif, ürtikeryal, purpurik, egzamatöz ve püstüler lezyonlar gelişebilir.[48] Yüz ödemi hastaların %75'inden fazlasında mevcuttur.[49] Lenfadenopati hastaların %50'den fazlasında görülür ve hepatit en sık görülen iç organ tutulumudur. Nefrit (sıklıkla interstisyel nefrit) ikinci sırada yer alır. [50] Hastalar ayrıca, kutanöz döküntü ve akut sistemik tutulumun düzelmesinden aylar ve hatta yıllar sonra ortaya çıkabilen sistemik otoimmün sekeller açısından da risk altındadır.[51] DRESS tanısı için herhangi bir tanısal test ve/veya patognomonik bulgu yoktur. Tanının doğrulanması veya dışlanması için geliştirilmiş RegiSCAR ve J-SCAR skorlama sistemleri mevcuttur.[52] Yönetimdeki en önemli adım, potansiyel olarak ilişkili tüm ilaçların derhal kesilmesi ve destekleyici bakımdır. Klinik semptomları iyileştirmek için sistemik kortikosteroidler standart tedavi olarak kabul edilmiştir.[53] Sistemik kortikosteroidler başladıktan sonra doz kademeli olarak azaltılmalıdır bu nedenle 2-3 ay süreyle uygulanır.[54] Steroid tedavisine dirençli, relaps gösteren hastalarda, siklosporin, mikofenolat, rituksimab, plazmaferez ve siklofosfamid gibi ajanlarla başarılı tedavi bildirilmiştir.[55]

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