

Adverse Drug Reactions		
Type A vs. B ADRs		
Type A	Predictable, dose/duration dependent (ex: overdose, SEs, drug interactions). 85-95%	
Type B	Unpredictable hypersensitivity reactions (intolerance, idiosyncrasy, immunologic). 10-15%	
	I - Immediate (mins-hrs) - IgE mediated	Anaphylaxis, angioedema, hives, hypotension, N/V/D
	II - Delayed (variable) - Cytotoxic	Hemolysis, thrombocytopenia, neutropenia
	III - Delayed (weeks)- Immune-complex	Serum sickness, arthus reaction, vasculitis
	IV - Delayed (days to weeks)- Cell-mediated	Contact dermatitis, SJS/TEN, DRESS
Organ-Specific ADRs		
Exanthems	Diffuse fine macules/papules days after drug initiation	Allopurinol, aminopenicillins, cephalosporins, AEDs, sulfonamides
Urticaria/Angioedema	W/i minutes of drug initiation	B-lactam antibiotics, ACEI
Fixed eruption	Hyperpigmented plaques that recur in same site	Tetracyclines, NSAIDs, carbamazepine
Pustules	Acneiform, Acute generalized eczematous pustulosis	Steroids, sirolimus, Antibiotics, CCBs
Bullous	Tense or flaccid blisters	Furosemide/Vanco, Captopril/penicillamine
SJS	Fever, erosive stomatitis, ocular involvement, purpuric macules (face, trunk) w/ <10% epidermal detachment	Sulfa antibiotics, AEDs, oxicam NSAIDs, and allopurinol.
TEN	Similar to SJS but w/ >30% epidermal detachment	Same as SJS, mortality as high as 50%
Lupus (skin)	Erythematous/scaly plaques in photodistribution	Hydrochlorothiazide, CCB, ACEIs
Hematologic	Hemolytic anemia, thrombocyto/granulocytopenia	Penicillin, quinine, sulfonamides
Hepatic	Hepatitis, cholestatic jaundice	acetaminophen, sulfonamides
Pulmonary	Pneumonitis, fibrosis	Bleomycin, Nitrofurantoin, MTX
Renal	Interstitial nephritis, MGN	Penicillin, sulfonamides, allopurinol
Multiorgan ADRs		
Anaphylaxis	Urticaria/angioedema, bronchospasm, GI sx, hypoTN	B-lactam antibiotics, monoclonal Abs
DRESS	Cutan. eruption, fever, eosinophilia, hep. dysfxn, LAD	AEDs, sulfonamides, minocycl., allopurinol
Serum Sickness	Urticaria, morbiliform rash, arthralgias, fever	Heterologous abs, infliximab, bactrim, PCN
SLE	Arthralgias, myalgias, fever, malaise	Hydralazine, Procainamide, Isoniazid
Vasculitis	Cutaneous or visceral vasculitis	Hydralazine, penicillamine, propylthiouracil
Desensitization		
Definition: give increasing doses over hours → mast cells/basophils unreactive to Ag activation (Only for Type I HSRs)		
Result: Temporary tolerance → patient can receive the drug at usual intervals. When drug is stopped, desensitization ends (d-wk)		