Carbamazepine

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Steven-Johnson syndrome and neuroleptic malignant syndrome: case report

A 15-year-old boy developed Steven-Johnson syndrome and neuroleptic malignant syndrome following administration of carbamazepine.

The boy was started on oral carbamazepine 100 mg twice daily for generalised tonic-clonic seizures. Carbamazepine dose was escalated at the rate of 100 mg/day over the next three days. Within three days the boy developed fever, oral ulcerations and maculopapular rashes all over the body. He also developed altered sensorium, profuse sweating and fluctuation in his blood pressure and heart rate within another 12 hours. His skin started to peel over next 8-10 hours and the boy was diagnosed with Stevens–Johnson syndrome which was later confirmed by dermatological opinion. Blood investigations revealed elevated creatine kinase, leucocytosis, hypocalcaemia and c-reactive positive with low serum iron. A diagnosis of neuroleptic malignant syndrome was made as per Caroff and Manns criteria.

The boy was shifted to ICU and carbamazepine was withdrawn. He received treatment with bromocriptine, antihistamines, topical steroids and antibiotics. His condition gradually improved and the boy recovered without any further episodes of fever and his creatine kinase returned to normal.

Author comment: "*Even our patient had simultaneous occurrence of SJS [Stevens–Johnson syndrome] and NMS [Neuroleptic malignant syndrome] but following CBZ [carbamazepine] therapy, which has not been reported so far in the literature to the best of our knowledge.*"

Sharma B, et al. Combination of Steven-Johnson syndrome and neuroleptic malignant syndrome following carbamazepine therapy: a rare occurrence. BMJ Case Reports : Jun 2013 - India

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