Carbamazepine

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Stevens-Johnson syndrome: case report

A 54-year-old man with alcohol-induced epilepsy developed Stevens-Johnson syndrome during treatment with carbamazepine.

The man, who had been receiving carbamazepine [Tegretol] 200mg twice daily for almost 2 months, presented with generalised dermatitis and large erosions on his soles and palms. He had developed headache, fever and polyarthralgia 3 days earlier; 2 days later, first skin manifestations, oral pain and dysphagia occurred. His skin lesions were reported to be concentric erythematous patches on his trunk and limbs, and large serous blisters on his palms and soles. On admission, he showed asthenia, a body temperature of 37.2°C, generalised dermatitis with blisters, onychomadesis, large erosions of palms and soles and numerous oral erosions and haemorrhagic crusts on his lips. A skin biopsy revealed a lymphocytic infiltrate in the upper dermis and a perivascular infiltrate of mononuclear cells; marked oedema resulting in subepidermal blisters and vasodilation were noted in the upper dermis. Laboratory investigations revealed the following levels: RBC 3.66 K/mm^3, haemoglobin 11.4 g/dL, haematocrit 34.9%, erythrocyte sedimentation rate 11 mm/h, albumin 56.6%, $alpha_1$ globulins 8.1%, beta globulins 8.1%.

After confirmation of the clinical and histological diagnosis of Stevens-Johnson syndrome, the man started receiving prednisone, omeprazole, loratadine, dexamethasone, neomycin, topical chloramphenicol and natamycin mouthwash. Carbamazepine was gradually decreased and changed to valproic acid and valproate sodium. His body temperature normalised during his hospital stay and his skin lesions resolved after 3 weeks of therapy.

Czajkowski R, et al. Stevens-Johnson syndrome induced by carbamazepine. Acta Poloniae Pharmaceutica 64: 89-92, No. 1, Jan-Feb 2007 - Poland 801094678