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Rapid onset of Stevens-Johnson syndrome after ingestion of amoxicillin : Case report

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Drug hypersensitivity accounts for 5–15% of all adverse drug reactions and is unpredictable. Drug hypersensitivity is divided into immediate and delayed-type depending on the time of occurrence of symptoms after drug administration. Immediate-type reactions are mediated by drug-specific IgEs. Symptoms usually occur within an hour. However, delayed-type reactions are mediated by T cells and the symptoms appear hours or days after drug administration. SJS and TEN are uncommon severe cutaneous adverse reactions. Most patients have associated mucositis, conjunctivitis, skin exfoliations, or bullous changes occurring at least a few days to weeks after drug administration. Here, we describe a case of SJS where the symptoms developed within 24 h of amoxicillin ingestion. A 49-year-old woman visited our clinic with erythematous skin rashes on the whole body, blisters on both legs, and oral mucositis. She was taking amoxicillin in the morning for *Helicobacter pylori* infection. At noon, symptoms such as skin rash, hot flushing, blisters on both legs, oral pain, and burning sensation of the lips appeared. Her past medical history revealed an allergic reaction to penicillin accompanied by skin rashes 10 years ago. There was no abnormality in her blood tests and vital signs. The blistered area was <5% of the body surface area, and hence, was diagnosed as early SJS. We advised the patient to discontinue the medication, and treatment was initiated with IV steroids and anti-histamines. One week after treatment, most of the symptoms disappeared except few related to mucositis. Besides, 20 mg prednisolone and anti-histamines were continued for 3 days and were then stopped. In most SJS cases, symptoms occur several days to weeks after taking the drug, and rarely develop within a few hours as in this patient. Moreover, SJS may be misdiagnosed as viral infection or rash can occur without symptoms of typical blisters initially. Thus, clinicians often do not suspect adverse effects due to drugs. The most important treatment strategy is discontinuation of the causative drug after quick diagnosis. Clinicians should be cautious because the symptoms can rapidly progress as in this case.

