

— S-321 —

A case of disseminated tuberculosis with miliary CNS tuberculoma which presented as fever of unknown origin (FUO)

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Infectious disease is still the most common cause of fever of unknown origin (FUO). Among the infectious diseases, tuberculosis should be considered in FUO patients, especially in the endemic areas of tuberculosis like the Republic of Korea (ROK). However, physicians can easily neglect the possibility of tuberculosis when patients have no specific symptom except fever, and their initial chest radiograph is normal. Herein, we report a case of 46-year-old immunocompetent man with fever for 2 month time, who finally diagnosed as disseminated tuberculosis with miliary CNS tuberculoma; pulmonary, hepatosplenic, intestinal, renal, bone marrow and choroidal involvements were noted.

— S-322 —

Experiences of treatment with high-dose immunoglobulin in five patients with Toxic epidermal necrolysis (TEN) or Stevens-Johnson syndrome (SJS)

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Backgrounds: Toxic epidermal necrolysis (TEN) and Stevens-Johnson syndrome (SJS) are acute drug-induced life-threatening disorders characterized by extensive epidermal exfoliation and high rate of mortality. Recently, there have been some reports about the good response of intravenous immunoglobulin (IVIG) in the treatment of severe drug eruption. However, there have been no reports about clinical usefulness in Korean patients. **Methods :** Retrospective data from 2 patients with TEN and 3 patients with Stevens-Johnson syndrome treated with high-dose IVIG were analysed. **Results :** The total dose of IVIG administered was 1.0 gm/kg body weight for 3 days, with the exception of 1 patients who received a total dose of 1.0 gm/kg body weight for 5 days. Their mean age was 40.8 years (range, 26 to 56 years). The mean time from the first sign of skin lesion or mucosal or epidermal detachment to commencement of IVIG was 4.0 days (range, 1 to 6 days). Of the 3 patients who survived and good response to IVIG, the mean time to objective response was 1.3 days (range, 1 to 2 days). The length of stay (LOS) in hospital was 25.3 days (range, 20 to 33 days). Plasmapheresis was performed in one patient had no response to IVIG. Other patients who had liver cirrhosis and hepatocellular carcinoma had died due to sepsis. There were no adverse reactions to IVIG. **Conclusion :** We conclude that high-dose IVIG may be a safe and effective therapy for patients with TEN and SJS..