

DRESS SYNDROME: (Drug, Rash, Eosinophilia and Systemic Symptoms) - The Hypersensitivity Reaction due to Antipsychotic Drug - Quetiapine, the Pictorial Presentation

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The life-threatening DRESS (drug rash with eosinophilia and systemic symptoms) syndrome is a distinct and severe adverse drug reaction [1, 2]. This syndrome is difficult to diagnose, as many of its clinical features mimic those found with other serious systemic disorders [3]. About 44 drugs have been known to cause DRESS syndrome. The drugs that commonly cause DRESS syndrome include phenobarbital, carbamazepine [4, 5], phenytoin [5], lamotrigine, levetiracetam [6] minocycline, sulfasalazine, allopurinol, dapsone, nevirapine, celecoxib and anti-tubercular drugs [7]. The syndrome is associated with 10% mortality [8]. Early clinical suspicion, diagnosis and treatment of the DRESS syndrome prevent mortality and reduces morbidity [4]. DRESS syndrome is diagnosed by RegiSCAR criteria [9]. An 18 year

old female psychiatric patient, suffering from bipolar disorder, presented in the emergency department with complaints of fever, generalized weakness, lymphadenopathy, maculo-nodular, erythematous, pruritic, painful, skin rash with exfoliative dermatitis and crusting and pain abdomen and bleeding disorder in the form of hematochezia, hematemesis and bleeding gums for 15 days. She had started taking quetiapine 100 mg BID three weeks prior to her presentation. Quetiapine was suspected to be the culprit drug for the DRESS and was immediately stopped. She received octreotide for gastrointestinal bleeding, fresh frozen plasma for coagulopathy, and intravenous dexamethasone. Patient continued to improve with resolution of her rash in 2 weeks and of lymphadenopathy in 4 weeks.

Figure 1 and Figure 2: Show wide spread maculo-papular skin rash with exfoliative dermatitis at the time of admission. Patient was taking quetiapine for the treatment of bipolar disorder.



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Figure 3 and Figure 4: Disappearing skin rash in the same patient, at day 10



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