ABSTRACT

DRESS (drug reaction with eosinophilia and systemic symptoms) is a condition described with a limited number of drugs, dapsone being one of them. Although pathophysiology and pharmacogenetics are not well understood, the disease might have an immune basis. Thus, onset can have a latency of around 2 to 8 weeks or more following drug initiation. It's characterized by multisystem involvement and may be associated with other autoimmune diseases or have autoimmune sequel carrying a mortality close to 10%. Thyroid dysfunction is described following disease onset, although rare thyrotoxicosis is also known to occur.

We report a case of a 45-year-old Sri Lankan male treated with dapsone for multibacillary leprosy coming with thyrotoxic symptoms and fever 21 days after initiation of dapsone. He developed generalized lymphadenopathy, erythroderma,hepatosplenomegaly with mixed hepatobilliary involvement during ward stay. The symptoms were progressive despite withdrawal of the offending drug. His thyroidprofile, ultrasound was compatible with thyrotoxicosis with a highly positive anti TPO antibody titer. Patient had, leucopenia later progressing to atypicallymphocytes and eosinophilia by the 3rdweek of the disease. Commencing antithyroid drugs proved to be a therapeutic difficulty with patient going intocholestasis. Patient gradually improved with the commencement of steroids and carbimazole was reintroduced following normalization of liver profile.

DRESS syndrome with dapsone although very rare has reported cases of thyrotoxicosis as a sequel. Patient presenting initially with endocrinopathy is not widely described and may prove to be a diagnostic and therapeutic challenge.Hematological abnormalities are well known but eosinophilia may not be seen in the outset. Although DRESS is well known to trigger other autoimmune diseases,weather the vise-versa occurs is an area that needs further exploration.