Abstract

DRESS syndrome is characterized by drug rash, eosinophilia and systemic symptoms occurring as a result of an idiosyncratic reaction to a drug. The latency period between the exposure to the particular drug and the disease onset is usually prolonged, ranging from six to eight weeks. DRESS has a prolonged disease course with relapses even after the stopping of the offending drug.

Common features include fever, rash, leukocytosis, eosinophilia, abnormal liver functions, myocarditis, pericarditis, pneumonitis, colitis and nephritis. There are several diagnostic criteria developed to aid the diagnosis of DRESS in the clinical setting.

This is a life-threatening disease with a mortality of 10% (1). The mainstay of management is stopping the drug, and studies found that the earlier the drug withdrawal, the better the prognosis (2). Steroids and immunosuppressants are also used, but their effectiveness is doubtful.

Here,I report an atypical case of DRESS syndrome to sulfasalazine without eosinophilia but with monocytosis, which was successfully treated with discontinuation of sulfasalazine and long-term steroids.

Case Presentation

This is a 23-year-old female whowas diagnosed with ulcerative colitis and was on sulfasalazine for the last eight weeks. She presented to us with a fever for ten days,which developed during the seventh week of sulfasalazine,andageneralized maculopapularrash developed on the eighth day of fever without mucosal involvement. She had bilateral cervical andinguinal lymphadenopathy,mild hepatomegaly and altered liver function tests. Her blood picture showed atypicallymphocytosis and monocytosis. Investigations excluded viral infections and otheratypical infections, and her skin biopsy revealed pathological changes of a drugreaction. Sulfasalazine was withheld on the first suspicion of DRESS, and she was started on high-dose prednisolone followed by a tapering dose with complete recovery.

Conclusion

DRESS syndrome is commonly associated with eosinophilia. Rarely it can present without eosinophilia but with lymphocytosis and monocytosis.