Abstract

Introduction:

Drug Rash with Eosinophilia and Systemic Symptoms (DRESS) syndrome is a severe hypersensitivity reaction characterized by skin and multiorgan involvement. It is rare and potentially fatal, even with treatment. Sulfasalazine-induced DRESS syndrome is less common. Often, DRESS is misdiagnosed as a lymphoproliferative disease. We present a case of DRESS syndrome that mimicked lymphoproliferative disease and with treatment made a prompt recovery.

Case presentation:

A 54-year-old previously healthy female presented with fever, rash, and lymphadenopathy with a cholestatic liver injury, initially treated as an unidentified bacterial infection on several occasions. The salient feature in history however was missed initially; she was on sulfasalazine throughout the disease duration. The clinical history and criteria were diagnostic of DRESS syndrome, and she completely improved with oral steroids within three months. The lymphoproliferative disease was ruled out with lymph node biopsy, skin biopsy, and bone marrow, including immunohistochemistry and flow cytometry studies.

Conclusion:

The cornerstones of diagnosing the DRESS syndrome include detailed history taking especially the drug history while excluding lymphoproliferative disorders.