Abstract

Drug reaction with eosinophilia and systemic symptoms is a severe form of reaction to drugs. It is potentially life threatening with a mortality rate around 10%. It is idiosyncratic in nature. Over a period of few decades various terms had been used to describe this clinical entity including anticonvulsant hypersensitivity syndrome, drug induced hypersensitivity syndrome but with the better understanding of the clinical spectrum of the condition, drug reaction with eosinophilia and systemic symptoms appeared to be the most appropriate. It is characterized by a febrile illness with associated wide range of manifestations including skin rash, lymphadenopathy, multiple organ involvement, and oesinophilic leukocytosis/atypical lymphocytosis most of the times. Presentation may mimic several other diseases with multiorgan involvement. The onset is usually after 2 to 6 weeks following the exposure to culprit agent. The exact pathophysiology of the condition is still unknown although accumulation of toxic metabolites in blood has been proposed as a hypothesis. There may be genetic factors contributing to toxic metabolite accumulation, since it is commonly observed in patients with family history. Anticonvulsants and sulfonamides are the mostly identified culprit agents among medications. In this case report we describe a 36 year old patient who presented with a febrile illness associated with shortness of breath, abdominal pain and a skin rash. Detailed inquiry revealed that she has been on medications prescribed by a medical officer six weeks ago for a knee joint swelling. On examination she had evidence of lymphadenopathy, bilateral pleural effusions, tender hepatomegaly and macular-papular rash. Investigations revealed an eosinophilic leukocytosis, elevated inflammatory markers, impaired liver functions with a hepatomegaly and bilateral pleural effusions. Skin biopsy was supportive for the diagnosis. She was started on steroids and responded to treatment completely.