

CASE IMAGES

Carbamazepine-Related Stevens-Johnson Syndrome

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The term of "adverse drug reaction" describes harm associated with the use of given medications at a normal dosage. Cutaneous eruptions are the most frequently occurring adverse reactions to drugs.^[1] Approximately 1-3% of drugs result in cutaneous reactions. Carbamazepine is an anticonvulsant that may cause a dangerous or even fatal skin reaction known as "Stevens-Johnson Syndrome." It is more common in patients with specific human leukocyte antigen allele (HLA-B 1502), especially in Asians, or another recently-added allele "HLA-B 3101," more common in Europeans.^[2] A 20-year-old male patient with a seizure disorder was introduced on carbamazepine (CBZ) at a dosage of 800 mg/day. While he was on treatment, severe exfoliative skin rash developed (picture). CBZ was stopped immediately, and after supportive care the patient fully recovered. His seizure therapy was replaced by topiramate (TPM) and gradually increased up to 400 mg/day. He is still on TPM treatment without any serious adverse reactions.

References

1. Karıncaoğlu Y, Özcan H, Sağlam H, Seyhan M. A case of stevens-johnson syndrome triggered by combined use of antiepileptics. *Türkiye Klinikleri J Dermatol* 2004;14(3):162-5
2. McCormack M, Alfrevic A, Bourgeois S, et al. HLA-A*3101 and Carbamazepine-Induced Hypersensitivity Reactions in Europeans. *N Engl J Med* 2011;364(12):1134-1143.



Figure. Blistering and erosion of the skin and mucous membrane around the mouth, trunk and limbs.

