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Lamotrigine induced drug reaction with eosinophilia and systemic symptoms (DRESS) during primary Epstein-Barr virus (EBV) Infection: a case report

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Introduction: Drug reaction with eosinophilia and systemic symptoms (DRESS) is a severe, potentially life-threatening idiosyncratic drug reaction that may result in skin eruption, eosinophilia, atypical lymphocytosis, lymphadenopathy, and wide-ranging internal organ involvement. It frequently occurs two to six weeks after starting a medication. DRESS is hypothesized to often follow the reactivation of viruses such as Human herpesvirus-6 (HHV-6), Epstein-Barr virus (EBV), and Cytomegalovirus (CMV). However, it rarely occurs during a primary viral infection. Here, we report a patient who developed DRESS during primary EBV infection.

Case Presentation: We report the case of a 21-year-old male who was prescribed lamotrigine for anxiety disorder. After two weeks of treatment, he developed a pruritic morbilliform rash on his trunk and upper extremities that was associated with fever, sore throat, bilateral scleral injection, nausea, vomiting, and abdominal pain. A laboratory work-up revealed elevated transaminases and atypical lymphocytosis. He was found to have an active primary EBV infection. Lamotrigine was discontinued due to suspicion of DRESS; the patient received pulsed IV methylprednisolone for three days, which resulted in a significant improvement in symptoms. At follow-up three weeks later, signs and symptoms had completely resolved. Follow-up laboratory tests revealed that liver dysfunction had normalized.

Conclusion: DRESS has rarely been reported, even though it is associated with a significant mortality rate. Early recognition and discontinuation of the offending drug plays a major role in clinical improvement. No available randomized controlled trials have demonstrated the effects of steroids on DRESS

Biography

Ibrahim Tawhari has completed his MBBS in 2013 from King Khalid University and Clinical Research Fellowship from Ochsner Clinic Foundation in 2015. Currently, he is an Internal Medicine Resident at University of Utah.

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