ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

CONNECTING THE DOTS: A CASE OF A 59-YEAR OLD FEMALE WITH ACUTE GENERALIZED EXANTHEMATOUS PUSTULOSIS AND MICROSCOPIC POLYANGIITIS

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Background: Acute Generalized Exanthematous Pustulosis is a severe cutaneous adverse reaction characterized by the development of numerous non-follicular sterile pustules on a background of edematous erythema. It is a rare, acute immune eruption with an incidence of one to five per million per year. Microscopic Polyangiitis is a rare, auto-immune disease characterized by small vessel vasculitis resulting in damage to the organ systems, most commonly the kidneys and lungs. In the United States, the annual incidence of MPA is 3.6 cases per million persons.

Observation: This is a rare case of a 59-year-old female with clinical manifestations and laboratory findings consistent with Microsopic Polyangiitis, who developed Acute Generalized Exanthematous Pustulosis after intake of Co-Amoxiclav. The patient's skin lesions responded well to drug withdrawal and systemic cortecosteroids, however, she had several complications due to her MPA. The occurrence of these two rare diseases in one patient suggests an important insight that those who have diseases that have immune dysregulation characterized by a T-helper 1 cytokine pattern, such as MPA, could have the underlying tendency to develop AGEP.

Key Message: Acute Generalized Exanthematous Pustulosis is a rare disease that necessitates a multi-disciplinary effort, requiring doctors of different specialties to come together. The propensity to develop AGEP in a patient after intake of an offending drug could be increased by having an auto-immune disease characterized by a T-helper 1 cytokine pattern. In our patient, having Microscopic Polyangiitis could have a contributory role in her AGEP. Aside from her skin lesions, the patient had other complications due to her MPA. A unique interplay of the different specialties and subspecialties came about in order to treat all of the patient's ailments.