

Cutaneous Drug Reactions in the Pediatric Population

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KEYWORDS

- Drug allergy • Hypersensitivity • Exanthems • Urticaria • DRESS syndrome
- Stevens-Johnson syndrome • Toxic epidermal necrolysis

KEY POINTS

- Adverse drug reactions (ADRs) frequently manifest on the skin. Cutaneous ADRs (CADRs) in children are a diagnostic challenge because CADRs can mimic many other childhood eruptions.
- Urticaria is an immediate hypersensitivity reaction, usually immunoglobulin E-mediated, predominantly manifesting as wheals.
- Maculopapular morbilliform exanthems are the most frequent form of hypersensitivity reactions in children.

OVERVIEW

Any unintended harmful reaction to a medicine or drug is known as an adverse drug reaction (ADR) according to the definition by the World Health Organization.^{1,2} ADRs are classified as type A (augmented) or type B (bizarre) according to whether it is a predictable side effect related to the pharmacologic action of a drug or if it is an idiosyncratic reaction, respectively (**Fig. 1**).^{3–5} There are several examples of each type of reaction, many of which manifest on the skin. Therefore, the dermatologist plays an important role in the team management of these patients. This article discusses the clinical manifestations of cutaneous ADRs (CADRs) and their pathophysiology.

In children, ADRs represent a diagnostic challenge. On the one hand, children are more susceptible than adults to drug-dosage errors because of their smaller body size¹; on the other hand, ADRs can mimic other skin diseases of children, especially viral exanthems, frequently appearing as a maculopapular or morbilliform rash sometimes indistinguishable from a CADR.⁶

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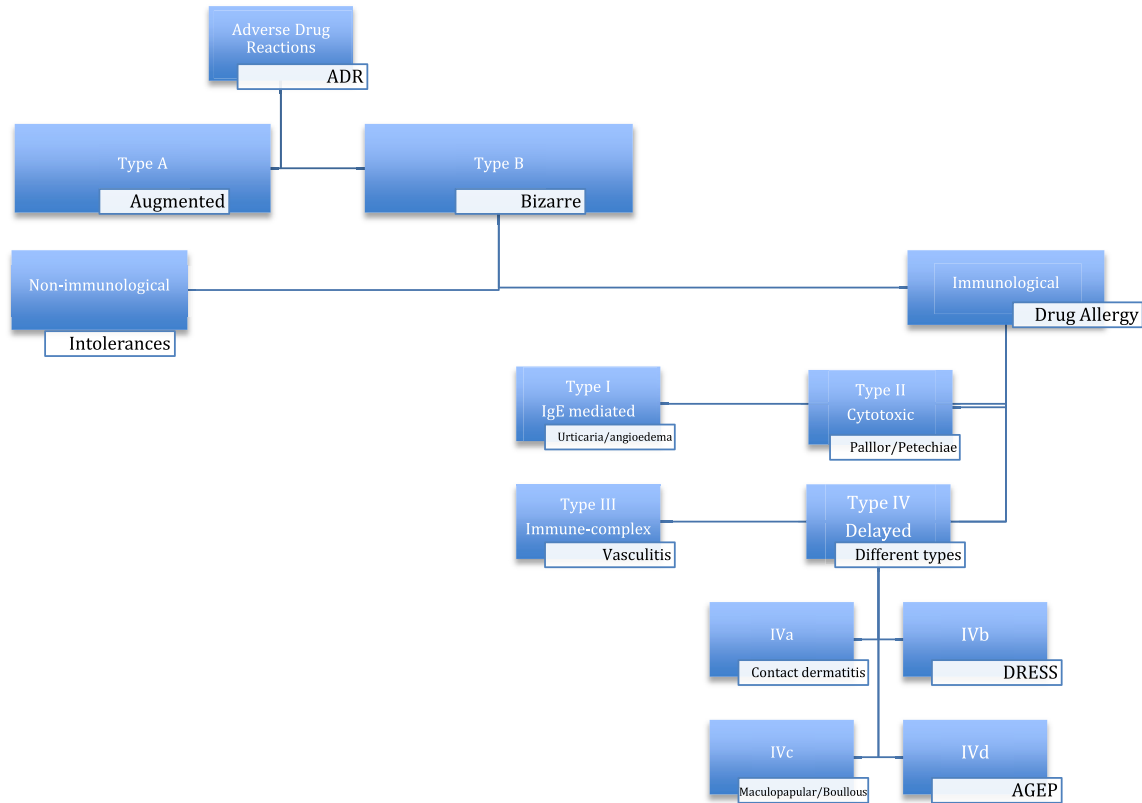


Fig. 1. Summary of adverse drug reactions according to the new concepts. DRESS, drug reactions with eosinophilia and systemic symptoms; AGEP, acute generalized exanthematic pustulosis.

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