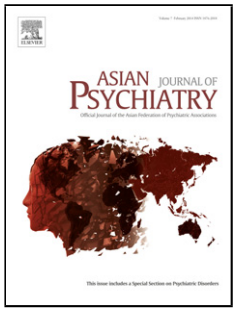

Title: DRESS syndrome: Addressing the drug hypersensitivity syndrome on combination of Sodium Valproate and Olanzapine

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DRESS syndrome: Addressing the drug hypersensitivity syndrome on combination of Sodium Valproate and Olanzapine

Introduction

Drug Reaction with Eosinophilia and Systemic Symptom (DRESS) syndrome is a serious adverse reaction characterised by constellation of signs and symptoms such as fever, skin eruption, hematological and internal organ inflammation. (Bocquet et al., 1996) The incidence of DRESS syndrome ranges from 1 in 1000 to 1 in 10,000 drug exposures.

(Fiszenson-Albala et al., 2003) The exact etio-pathogenesis is currently unclear with viral infection caused by human herpes virus, defects in drug metabolism being some of the theories postulated. (Cacoub et al., 2011). With psychotropic medication being known to cause DRESS syndrome, it becomes important for the mental health professionals to be aware of this entity. With this background, a case of probable diagnosis of DRESS syndrome developed during treatment with Sodium Valproate and Olanzapine is presented with discussion on relevant management issues. Informed consent has been taken from the parents with assent from the patient.

Case report

A 17 year old boy presented with abrupt onset of increased irritability and activity level, decreased need for sleep, disinhibited behaviour and delusion of grandiosity for three days. He had no history of substance use or medical illness. His physical examination and basic blood investigations revealed no abnormality. Mental status examination was corroborative. A provisional diagnosis of Mania with psychotic symptoms was made and he was admitted as inpatient.

In the hospital, he showed poor response with Chlorpromazine 600mg per day and injectable Haloperidol 20mg with Promethazine 200mg and injectable Lorazepam 16mg per day. Which lead to change of medication from tablet Chlorpromazine to a combination of tablet Olanzapine 5 mg and tablet Sodium Valproate 600mg for mood stabilising effect. Uncontrolled agitation led to rapid up-titration of oral medication - Olanzapine to 20mg and Sodium Valproate to 1000mg (20mg/kg) over the next 3 days. However, on day 4, patient developed high grade fever with maculopapular and urticarial rash over the trunk covering >50% body surface area with oral mucosa and tongue involvement. Patient also developed multiple episodes of loose stools and cough with expectoration.

Blood investigations revealed increase in Absolute Eosinophil Count (AEC) (1260) compared to baseline (750) with no malarial parasites in peripheral smear. Other blood and urine examination were negative for bacterial, parasites and viral markers. Chest X-ray revealed radiological changes of acute bronchitis.