

A CASE STUDY ON OXCARBAZEPINE INDUCED STEVEN JOHNSON SYNDROME (SJS)

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ABSTRACT

Carbamazepine is the most common drug used to treat partial epileptic seizures whereas oxcarbazepine is a newer drug that was developed with the intention to be as effective as carbamazepine but to cause fewer side effects. Oxcarbazepine has rarely shown to induce Steven Johnson Syndrome. Here we report a pediatric case with SJS which was induced by oxcarbazepine.

KEYWORD: Carbamazepine, epileptic seizures, oxcarbazepine, SJS.

INTRODUCTION

Oxcarbazepine is a new antiepileptic drug which has structural similarity with carbamazepine. Oxcarbazepine is as effective as conventional Anti epileptic drugs at controlling partial seizures and is better tolerated.^[1]

Oxcarbazepine is first synthesized in 1966, it was eventually approved for use as an anticonvulsant in European countries and India in 1999. Oxcarbazepine is an anti convulsant drug primarily used in the treatment of epilepsy. It can be used for the treatment of partial seizures for children 4 years and older, or in combination with other medications for children 2 years and older.

Steven Johnson syndrome also called Erythema multiforme major is a rare, serious disorder of the skin and mucous membranes which often begins with flu-like symptoms, followed by a painful red or purplish rash that spreads and blisters. The reaction most likely occurs because of genetic mutation in one of the enzymes that is responsible for eliminating drugs from the body as a result the drug builds up in the lining of skin, mouth, eyes and severely damages the tissue.

CASE STUDY

A 10 month old male child was admitted in the tertiary care centre with Refractory epilepsy. Child was on multiple antiepileptic syrups (Syp. Sodium valproate, Syp. Phenytoin, Syp. Levitracetam and Syp. Oxcarbazepine). Syp Oxcarbazepine was newly started 3 days ago at a dose of 0.5 ml.

During his second day of hospital stay, child was noticed to have mucosal redness and mouth ulceration which was observed when the dose of oxcarbazepine was titrated from 0.5 ml to 1 ml .He also developed high fever and

few maculopapular eruptions were found over the child's face and oral cavity. On the stoppage of the drug it was observed that the rashes stopped from further developing. He was treated with Fluid replacement and Calamine lotion.

DISCUSSION

Doctors often can identify SJS based on medical history and a physical examination. Early symptoms of SJS include fever and a flu-like symptoms. In a few days the skin begins to blister and peel forming painful raw areas. Mucous membranes such as the mouth are also typically involved.^[2]

The patients usually develops a hypersensitivity reaction to this drug between 7-14 days after commencing treatment with it. Our patient developed SJS within 2 weeks of commencing the drug.^[3]

CONCLUSION

In conclusion we have presented a rare case of oxcarbazepine induced SJS. Oxcarbazepine can also be a trigger of SJS. Patient or the care takers should be informed in detail about the possible adverse reaction of oxcarbazepine and advised to consult the physician in case of any such suspected cutaneous drug reactions.

REFERENCE

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