AVOIDING RASH DECISIONS: A GUIDE TO ADVERSE CUTANEOUS
DRUG REACTIONS

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Cutaneous adverse drug reactions (cADR) are common occurrences in the hospital, affecting 1-3% of all hospitalized patients. Although most are benign, cADR can result in severe, life-threatening disease. Mild forms include maculopapular rash, fixed-drug eruption, morbilliform drug eruption, and urticaria. More severe reactions include Stevens-Johnson (SJS) and drug-induced hypersensitivity syndromes (DIHS).

**CASE PRESENTATION**

A 37-year-old woman with a past medical history of bipolar I on lamotrigine, PTSD, and IBS presented to the emergency department after developing a mildly pruritic red rash on her lower legs, abdomen, and chest. She had been diagnosed with bipolar disorder the month prior and had been slowly up-titrating her lamotrigine dose per her PCP’s recommendations. Her last dose increase occurred one week prior. She also had a post-traumatic headache which was resistant to aspirin-acetaminophen-caffeine and propranolol and a recent UTI treated with trimethoprim-sulfamethoxazole.

In the ED, she was afebrile but hypotensive with BP 80/37. Exam was notable for diffuse erythematous macules and papules on the lower extremities, abdomen, and chest, without bullae or urticaria (images included below). Lymphadenopathy was absent. Mucous membranes were normal and she was otherwise in no acute distress.

The patient was admitted to the ICU for observation with concern for severe cADR. Her medications were held and the rash and hypotension resolved. She was discharged home the next day in stable condition with PCP follow up.

**REFERENCES**

A full list of references is available upon request.

**CONCLUSIONS**

Initial presentation of severe cADR can often mimic exanthematous drug eruptions; for example, a morbilliform eruption occurs in 80% of DIHS while SJS/TEN can be preceded by confluent purpuric macules before blisters and erosions. Similarities in presentations, particularly early in onset, can make triage decisions difficult for PCPs and admitting physicians.

This patient was admitted to the ICU for, ultimately, a mild exanthematous drug eruption. The cost of a single night in the ICU exceeds $5000. Recognizing the signs portending severe cADR will help physicians triage patients appropriately and conserve valuable resources.
References