

藥物過敏皮膚疹之臨床表現

Clinical manifestations in drug hypersensitivity skin rash

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Adverse cutaneous reactions to drugs are common, affecting 2 to 3 percent of hospitalized patients. It is estimated that 1 in 1000 hospitalized patients has a serious cutaneous drug reaction. This talk will include the following topics:

Drug-induced exanthems — Drug-induced exanthems are the most common cutaneous reactions to drugs, responsible for approximately 90 percent of all drug rashes. The rashes are referred to as exanthems, morbilliform eruption, or maculopapular eruptions.

Exfoliative dermatitis/erythroderma — Erythroderma is a cutaneous reactional state defined as chronic erythema and scale involving greater than 90 percent of the body surface area.

Stevens-Johnson syndrome and toxic epidermal necrolysis — Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are severe mucocutaneous eruptions that are frequently triggered by medications. These disorders are characterized by epidermal necrosis and sloughing of the mucous membranes and skin. The amount of body surface area involved is used to distinguish SJS from TEN; lesions affect less than 10 percent of the body surface in SJS and greater than 30 percent of the body surface in TEN.

Drug reaction with eosinophilia and systemic symptoms (DRESS) — Drug reaction with eosinophilia and systemic symptoms (DRESS) or drug-induced hypersensitivity syndrome (DIHS) is a severe idiosyncratic reaction characterized by fever, malaise, lymphadenopathy, and skin eruption. Additional systemic symptoms may be related to visceral involvement (eg, liver, kidney, lung). In most patients, the reaction begins two to six weeks after the initiation of the offending medication.

Fixed drug eruption — A fixed drug eruption is a distinctive reaction characterized acutely by erythematous and edematous plaques with a grayish center or frank bullae, and chronically by a dark postinflammatory pigmentation. Favored sites include the mouth (lips and tongue), genitalia, face, and acral areas. The defining features of this eruption include the postinflammatory hyperpigmentation and the recurrence of lesions at exactly the same sites with drug re-exposure. Patients with generalized bullous fixed drug eruption (GBFDE) can be misdiagnosed as having SJS/TEN.

Symmetrical drug-related intertriginous and flexural exanthema — Symmetrical drug-related intertriginous and flexural exanthema (SDRIFE, intertriginous drug eruption, baboon syndrome) is an infrequent type of drug-induced rash. SDRIFE occurs a few hours to a few days after the administration of the offending drug. The rash presents as a sharply demarcated V-shaped erythema in the gluteal/perianal or inguinal/perigenital areas, often with involvement of at least one other flexural or intertriginous fold, in the absence of systemic symptoms.

Photosensitivity — There are two basic types of photoeruptions: phototoxic and photoallergic, which differ in clinical appearance and pathogenesis. Phototoxic eruptions are caused by absorption of ultraviolet light by the causative drug, which releases energy and damages cells. Ultraviolet A light (UVA) is the most common wavelength implicated; ultraviolet B light (UVB) and visible light can elicit reactions with some drugs. Photoallergy is a lymphocyte-mediated reaction caused by exposure to UVA. It is postulated that the absorbed radiation converts the drug into an immunologically active compound that is then presented to lymphocytes by Langerhans cells, causing a spongiotic dermatitis (eczema).

Linear IgA bullous dermatosis — Linear IgA bullous dermatosis is an idiopathic subepidermal blistering disease characterized histologically by the linear deposition of IgA antibodies at the basement membrane zone.

Acute generalized exanthematous pustulosis — Acute generalized exanthematous pustulosis (AGEP) is a rare disorder characterized by the appearance of superficial pustules after drug ingestion or infection. AGEP is remarkable for its short time to onset (24 hours) after the administration of the suspected drug.

Lichenoid drug eruption (drug-induced lichen planus) — Lichen planus is characterized by flat-topped, violaceous, pruritic papules. The drug-induced form of this disorder usually develops insidiously and can affect any area of the body surface.