中文題目：罹患嚴重型皮膚藥物過敏反應後增加風濕免疫疾病的風險性：全國人口之世代研究

英文題目：Association between prior severe cutaneous adverse reactions(SCARs) and subsequent autoimmune disease risk: A nationwide population-based cohort study

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Background: Life-threatening severe cutaneous adverse drug reactions (SCARs) include Stevens-Johnson syndrome/toxic epidermal necrolysis, acute generalized exanthematous pustulosis, and drug-induced hypersensitivity syndrome/drug reaction with eosinophilia and systemic symptoms. Previous report revealed that a gradual loss of regulatory T (Treg) cell function after resolution of SCARs may increase the risk of subsequently developing autoimmune diseases (ADs). The association between SCARs and ADs remain unclear and are scarce.

Method: Individuals with SCARs between 2006 and 2015 were identified and 1:10 matched on age and sex with individuals without SCARs. We performed multivariate and stratified analysis using the Kaplan–Meier method and Cox proportional hazards models in order to estimate the association between SCAR cohort and the risk of developing ADs.

Results: A total of 26844 patients with SCAR and 268440 non-SCAR comparison subjects were selected from NHIRD. For respective organ-specific ADs, SCAR cohort as compared with non-SCAR cohort, adjusted hazard ratio (aHR) were higher for incident autoimmune hemolytic anemia (aHR 3.36, 95% CI: 1.84-6.13), Hashimoto's thyroiditis (aHR 2.26, 95% CI: 1.64-3.12), Henoch-Schonlein purpura (aHR 8.99, 95% CI:6.53-12.4) and inflammatory bowel disease were (aHR 9.78, 95% CI:5.27-18.5). Furthermore, for respective systemic ADs, SCAR cohort as compared with non-SCAR cohort, aHR were higher for incident ankylosing spondylitis(aHR 1.56), Psoriasis(aHR 10.39), Polymyositis/dermatomyositis (aHR 10.39), Rheumatoid arthritis(aHR 2.48), primary Sjogren syndorme(aHR 5.92), Systemic lupus erythematosus(aHR 9.58)and Systemic sclerosis(aHR 7.56).

Conclusion: Patients with SCARs have higher risk of ADs than patients with no SCARs. Further mechanistic research should be conducted.