

中文題目：病例報告-因抗結核藥物 Isoniazid 與 Rifampicin 引起之藥物過敏反應-
DRESS 症候群

英文題目：Case Report - Drug reaction with eosinophilia and systemic symptoms (DRESS) caused
by anti-Tuberculosis agents: Isoniazid and Rifampicin

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摘要：DRESS (Drug Rash with Eosinophilia and Systemic Symptoms) is a drug-induced hypersensitivity syndrome that mimics malignant lymphoma. It presents with severe cutaneous eruption, fever, lymphadenopathy, hepatitis, hematological abnormalities with eosinophilia, and may also involve other organs. This multi-organ involvement differentiates this entity from other common drug eruptions. We report a case in a 43-year-old woman who had been on standard four combined anti-TB agents for 4 weeks to treat her TB pleurisy. She was admitted after onset of a flu-like syndrome with fever up to 39°C and a pruriginous maculopapular erythema initially involving the face, trunk, and proximal limbs. After admission, progressive enlargement of the lymph nodes were noted, which located in cervical, axillary, and inguinal areas. Those lymphadenopathies made her all four extremities swelling. Chest CT also revealed mediastinal lymphadenopathy, which was not seen in the previous CT examination when TB pleurisy was diagnosed. Skin biopsy at her left thigh showed interface dermatitis, which is compatible with drug eruption. Marked eosinophilia, lymphocytosis, AST/ALT elevation were also noted. DRESS syndrome was then diagnosed. After discontinuing her anti-TB agents and treatment with steroid, her skin eruption, lymphadenopathy, and laboratory abnormalities resolved completely. Fever and generalized skin rash developed after rechallenge with Isoniazid for 3 days. Fever developed again after rechallenge with Rifampicin for 7 days. Drugs previously reported to cause DRESS syndrome include sulfasalazine, hydantoin, d-penicillamine, allopurinol, hydrochlorothiazide, and cyclosporine. We believed that Isoniazid and Rifampicin should be added to the list of drugs that can cause DRESS syndrome, although we could not make sure either Isoniazid or Rifampicin, or the effects from their interaction that caused this adverse effect in this patient. Since DRESS syndrome carries a high mortality rate of 10% (generally because of liver involvement). A high index of suspicion for DRESS syndrome should be maintained in patients receiving these two drugs. If symptoms are suggestive of DRESS syndrome, it is necessary to discontinue all possible medication, and admit the patient for closely monitor and treatment.