

Carbamazepine Induced Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis: A Clinical Case Report of a Rare Adverse Drug Reaction

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Abstract

Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are rare but life-threatening skin reactions, often triggered by medications such as antiepileptic drugs, nonsteroidal anti-inflammatory drugs, and certain antibiotics. Carbamazepine is one of the most common antiepileptic medicine that causes SJS. A 13-year-old male with a history of 2 years of epilepsy presented with a painful rash and extensive blistering with mucous membrane involvement, along with fever and Nikolsky sign. Based on clinical presentation and previous medication history, the patient was diagnosed with Stevens-Johnson syndrome, and carbamazepine was identified as the cause. Carbamazepine was discontinued, and the patient was given nutritional support, wound care, and intravenous fluids, along with steroid and antihistamine treatment. The patient's symptoms improved, and he was discharged after 13 days. Physicians must be aware of the potential for life-threatening drug hypersensitivity reactions in patients taking certain medications, particularly antiepileptic drugs. A thorough history and careful monitoring are essential for the early recognition and treatment of SJS and TEN. We want to advise all physicians that for patients with a previous drug reaction to this class of medication, carbamazepine prescribing should be avoided.

KEYWORDS: Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), carbamazepine (CBZ), phenytoin (PHT), ADR.

Original Article Report

Case

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