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Case report

Rare manifestation: A case of Stevens-Johnson to Ibuprofen

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Introduction

Non-steroid anti-inflammatory drugs (NSAIDs) are some of the most used drugs in children for their antipyretic, pain-relieving and anti-inflammatory effects. In rare cases, these can have life threatening consequences, such as Stevens-Johnson syndrome (SJS), which is a severe cutaneous reaction mainly caused by medications.

Keywords: Ibuprofen; Steven-Johnson syndrome; Skin; Hypersensitivity

Case report

A 12-year-old, previously healthy, boy was referred for the Allergy Clinic after 3 episodes of severe mucous membrane lesions (Figure 1), and erythematous macules that evolved for purpuric spots and bullae (Figures 2,3). In all episodes he had fever and conjunctival hyperemia and had been given acetaminophen and ibuprofen. He had been admitted to the Pediatrics Ward and had had a multidisciplinary assessment to exclude autoimmune and infectious causes. All the lesions had resolved after corticosteroid therapy. After the hospital admissions, he was given acetaminophen at home, with tolerance. Given the suspicion of an allergic reaction to ibuprofen, a lymphocyte transformation test was performed for this drug, which was positive [1].

Discussion

SJS is an allergic reaction with severe skin and mucous involvement, characterized by extensive necrosis and detachment of the epidermis. Its exact pathogenesis is not fully understood but thought to be T cell-mediated, with NSAIDs being listed as high-risk drugs for SJS. The authors present this case to draw attention for the severity of some hypersensitivity reactions due to Ibuprofen, which though rare, can be potentially dangerous and life threatening [2,3].

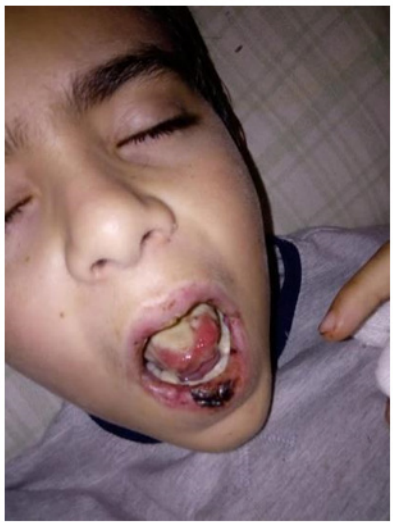

Figure 1: mucous membrane lesions.

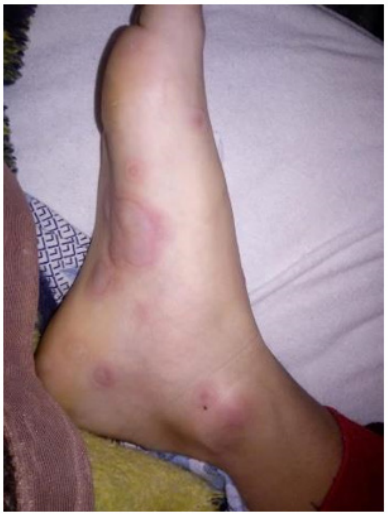

Figure 2: Erythematous macules that evolved for purpuric spots and bullae.

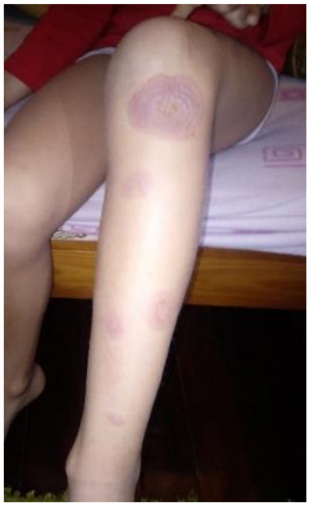

Figure 3: Erythematous macules that evolved for purpuric spots and bullae.

Acknowledgement

None.

Conflict of Interest

None.

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