

## Case Report



## A Case Report on Ofloxacin Induced Steven - Johnson Syndrome (SJS)

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### ABSTRACT

Ofloxacin is commonly used antimicrobial agent to combat various infections. The Adverse effects of quinolones includes gastrointestinal symptoms, which are the most frequent, neuropsychiatric symptoms, hematologic abnormalities are less common. Steven-Johnson Syndrome (SJS) is an acute, self-limited disease, representing as severe mucosal erosion with spread of erythematous, cutaneous macules. Majority of drug induced cases with SJS affects oral and peri-oral regions. We report a rare case of Ofloxacin induced SJS in a 35years old male patient with complaints of hyper pigmented mucocutaneous lesions over the oral cavity, genitalia, axilla and thoracic regions associated with severe itching. Based on history and clinical examination patient was diagnosed with Ofloxacin induced SJS and was treated with antihistamines and systemic corticosteroids. The health care providers must be careful; regarding the adverse effects of the drugs especially the one is SJS which is a potentially fatal condition. The most commonly and widely prescribed drug regimens should also be used judiciously and continuously monitored to prevent such a fatal adverse drug reactions.

**Keywords:** Ofloxacin, Steven-Johnson Syndrome, Mucocutaneous lesions, corticosteroids, adverse effects.

### INTRODUCTION

Adverse drug reactions (ADR) are one of the leading causes of death among hospitalized patients and occur in 0.3 to 7% of all hospital admissions. These may vary from mild to severe reactions such as SJS.<sup>1</sup> SJS/TEN (Toxic Epidermal Necrosis) are rare, but potentially fatal adverse epidermolytic muco-cutaneous drug reactions, considered to be clinical entities within a spectrum differing only by their extent of body surface area involvement which is less than 10% with SJS, more than 30% with TEN and between 10% and 30% with "SJS-TEN overlap syndrome". History of medication use exists in over 95% of patients with SJS and TEN, common ones being antimicrobials, anticonvulsants, NSAIDS, ART.<sup>2</sup>

Fluroquinolones (FQs) are widely used, have a broad coverage and have a low incidence of serious adverse effects.<sup>3</sup> Ofloxacin, a second generation FQs has been prescribed mostly because of its wide antimicrobial spectrum and convenience of use. FQs are well tolerated, with most side effects being mild to moderate. On occasion, serious adverse effects occur. The overall rate of adverse events in patients treated with FQs is roughly similar to that seen in patients treated with other antibiotic classes.<sup>4</sup> Ofloxacin has one of the most favourable adverse reaction profiles.<sup>3</sup> FQs represent approximately 11% of antibiotics prescribed worldwide to treat gastrointestinal, genitourinary and lower respiratory tract infections. Globally, the reported cases of FQ-induced SJS/TEN are in the rise the last decade.<sup>2</sup> Drugs are important causes of SJS, but infections or a combination of infections and drugs has also been implicated. In case reports and studies, more than 100 drugs have been implicated as causes of SJS/TEN.<sup>5</sup>

### CASE REPORT

A 35yrs-old-male patient presented to dermatology OPD with complaints of rashes which became hyper pigmented all over the body. He suffered with fever and throat pain associated with chills for 4 days and consulted a local doctor. He was prescribed with Paracetamol and Ofloxacin. Then by the evening he developed itching and hyper pigmented rashes all over the body. Rashes appear to be mucocutaneous lesions over the oral cavity, genitalia, ulceration on the back and forearms. Hyper pigmented rashes initially started over the oral cavity, upper limb and back and later spread over to the abdomen, axilla and to the thoracic region associated with severe itching. On examination, patient was conscious, oriented and stable with BP 110/70 mmHg, PR 68 bpm and RR 22 /min and ESR 58 mm/hr. Mucocutaneous rashes were typically remained localized to upper limb, oral cavity, thoracic region, back, genitalia and abdomen. Systemic examination did not reveal any significant findings. Laboratory findings found to be within the normal limits. By considering the history, clinical examination and laboratory findings, the patient was diagnosed as a case of mucocutaneous skin reactions (STEVEN JOHNSON SYNDROME) to drug Ofloxacin. Then the patient was admitted in the hospital and discontinued Ofloxacin. The patient was treated with Acqualube gel, Antihistamines, Topical Betemethasone butyrate ointment, systemic steroid (Dexamethasone 2mg/kg i.v for 4days) and Fusidic acid cream (2%) was applied over the cutaneous lesions. Later continued with Methyl Prednisolone 20mg P/o. Then patient was discharged with oral steroid, Triamcinolone acetonide gel (0.1%) for oral ulcers. The steroid dose was tapered gradually over the next 2 weeks. By the end of 3<sup>rd</sup> week, there was no



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