Difficulty in Diagnosing Stevens-Johnson Syndrome: A Case Report

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Introduction

Stevens-Johnson Syndrome (SJS) is a severe skin reaction, most commonly caused by antibiotic hypersensitivity. Sudden blistering of the skin and mucosa can occur, often preceded by a flu-like illness. Patients are left with painful lesions and are at risk of dehydration and infection. Mortality lies at 10% of those affected.

Case description

We present a 5 year old girl admitted following a 5 day history of cough and fever, and 1 day confluent erythematous rash over her extremities. She was treated with Benzyl-Penicillin and Clindamycin for a right sided pneumonia and para-pneumonic effusion, growing Group A Streptococcus Pyogenes on pleural aspirate. The rash spread, with desquamation of palms and soles. Benzyl-Penicillin continued, however this was changed to erythromycin when

examination suggested a penicillin hypersensitivity reaction.

Discussion

Her clinical history made diagnosis of SJS difficult, as the rash was thought to have preceded antibiotic therapy. Initial diagnosis was a Streptococcus-related rash, however this was re-considered when she developed confluent target lesions. Appropriate therapy in these patients is heavily reliant upon good clinical history taking and regular examination. A fine balance must be sought between true antibiotic sensitivity and the need for effective treatment, particularly when the patient's recovery and survival is dependent upon their use. This case highlights the difficulty in using antibiotics in very unwell patients who display signs of an allergic reaction, particularly when the origin of the rash is unclear.