Clinical vignette: Vancomycin-induced DRESS syndrome

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Vancomycin-Induced DRESS Syndrome

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ABSTRACT

- DRESS (Drug Reaction with Eosinophilia and Systemic Symptoms) is a systemic reaction to a medication leading to hematologic abnormalities and inflammation of various internal organs that occurs once in every 1,000 to 10,000 drug exposures, and is associated with a 10 percent mortality.1,2
- This reaction has been classically associated with sulfonamides and anti-convulsants, though a growing number of case reports suggest an expanding list of medications as potential causes of the disease.3,4
- The non-specific appearance of the rash, as well as an unpredictable pattern of organ involvement, make diagnosis and management of this condition difficult.
- This poster serves to describe a case of DRESS associated with vancomycin.

Case Presentation

A 52-year-old male was admitted to the hospital after sustaining multiple injuries in a fight and was started on vancomycin for a subsequent MRSA bacteremia.

On antibiotic day two, the patient developed a diffuse maculopapular rash which started on his extremities and progressed inward to involve his trunk. The maculopapular rash developed into multiple flaccid bullae on the upper extremities, which was followed by evidence of systemic organ involvement.

Temp: 39.9, Pulse: 113, Blood Pressure: 97/51, Resp: 18, O2: 97%

WBC: 38.0 (13% eosinophils, 20% variant lymphocytes)

Labs:
- Hgb: 12.0
- Hct: 36
- Total protein: 4.9
- Sodium: 145
- Albumin: 2.1
- Potassium: 3.5
- AST: 131
- Chloride: 111
- ALT: 130
- Bicarb: 27
- ALP: 224
- BUN: 5
- Total bilirubin: 0.5
- Creatinine: 0.7
- Glucose: 104
- Lactate: 4.9

The patient’s vancomycin was discontinued and he was placed on linezolid for his bacteremia. He was treated supportively and experienced a gradual improvement in his DRESS syndrome and was discharged with a near-complete resolution of his rash.

The management of DRESS syndrome is poorly studied and currently consists mainly of prompt withdrawal of the offending agent and supportive care. Stains have been suggested in cases of life-threatening organ dysfunction, though evidence to support or contradict this recommendation is lacking.4-5

References

7. Reja, I; Bien Manoukova, S; Kala, K et al. DRESS syndrome induced by sulfaphenazole in rheumatoid arthritis. Joint Bone Spine. 2006
10. Suzuki, Y; Inagi, R; Aono, T; Yamanishi, K; Shiohara, T. Human herpesvirus 6 infection as a risk factor for the development of severe drug-induced hypersensitivity syndrome. Archives of Dermatology. 2007

Three of the following must be present:6
- Hospitalization
- Reactions suspected to be drug-related
- Involvement of at least one internal organ
- Enlarged lymph nodes in at least two sites
- Abnormalities in blood count
- Fever above 38 C