



ORIGINAL RESEARCH PAPER

CARBAMAZEPINE INDUCED STEVEN JOHNSON SYNDROME - A RARE ADVERSE EFFECT TO CARBAMAZEPINE.

Psychiatry

KEY WORDS:

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BACKGROUND

Carbamazepine is an iminostilbene derivative that was initially used as anti-epileptic, but has been used with increased frequency for different indications- Bipolar illness (Acute mania), GTCS, chronic pain, trigeminal neuralgia. This has been resulted in increased incidence of its adverse effects, serious hematological toxicities such as aplastic anaemia, agranulocytosis, Life threatening hypersensitivity reactions such as Stevens Johnson syndrome & Toxic epidermal necrolysis can occur.

Stevens Johnson Syndrome (SJS) is an infrequent yet severe mucocutaneous reaction that involves < 10% of the body surface area. It is predominantly induced by certain drugs, including anticonvulsants like carbamazepine, lamotrigine, phenobarbitone, phenytoin, valproic acid & sulphonamides (Cotrimoxazole, Sulfasalazine). Genetic predispositions- presence of HLA-B*1502 allele.

AIM

This case study highlights the clinical presentation and management of Steven Johnson syndrome in a patient on Carbamazepine, an adverse effect less commonly associated with Carbamazepine.

METHOD

A 17 year old, female was admitted in psychiatry ward with symptoms of BPAD, current episode mania with psychotic symptoms. The patient was started with injection Haloperidol & lorazepam, Carbamazepine 400mg/day was added as mood stabiliser & gradually dose was hiked to 600mg/day due to persistence of manic symptoms. However, 10 days post initiation of carbamazepine, the patient had sudden onset of high grade fever, painful sores in mouth f/b generalised macules with purpuric centres over body, immediately carbamazepine was stopped.

Later, macules progressed to blisters, along with mucous discharge from both eyes. These symptoms rapidly worsened. Dermatology cross consultation was done & based on clinical presentations & extent of epidermal detachment was diagnosed as Steven Johnson Syndrome (2* to carbamazepine). Therapeutic interventions including IV Dexamethasone, Paracetamol, Pantoprazole along with Fluconazole, Chlorpheniramine, Ciprofloxacin eye drop were given.

RESULT

Discontinuing Carbamazepine while maintaining lithium at 800 mg, stabilised the patient's psychiatric condition without further drug reaction.

CONCLUSION

Carbamazepine can cause Steven Johnson syndrome in rare instances.

Differentiating such side effects from other causes is key to treatment. Careful dosing and monitoring are necessary, as is considering patient specific risk factors.