Innovative therapies and new targets in psoriasis

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DRESS SYNDROME CAUSED BY EFALIZUMAB

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We read with great interest the article entitled ‘DRESS syndrome caused by efalizumab’1. In which a 52-year old male with treatment-resistant severe psoriasis is presented. He developed a papulovesicular rash after 4 weeks of treatment with efalizumab, and also had high peripheral eosinophilia, abnormal liver function, malaise and fever. This patient as having drug reaction with eosinophilia and systemic symptoms (DRESS) syndrome. In the discussion, White et al. referred to our previously published case-report on a 48-old male patient with psoriasis who, during efalizumab treatment, developed multiple, moderately defined, erythematous papules on extremities and trunk, in close proximity to his classical psoriasis lesions2. White et al. suggested the patient described in our report could have had less severe manifestations of DRESS.

Currently, there is no consensus over specific diagnostic criteria for this diagnosis. According to Peyrière et al., who conducted a large retrospective study on drug-induced cutaneous side-effects, there are no strict diagnostic criteria for DRESS3. However, a Japanese consensus group states that there are seven diagnostic criteria, including fever, liver abnormalities, leucocyte abnormalities and lymphadenopathy, and that the diagnosis is confirmed by the presence of at least five of these criteria4. Our patient did not have fever, liver abnormalities, leucocyte abnormalities or lymphadenopathy. Furthermore, his hypereosinophilia existed, to a lesser extent, prior to the cutaneous manifestations and persisted after the cutaneous lesions had disappeared. Together with his medical history of asthma, hayfever and a positive family history of atopy, we believe that the hypereosinophilia was in concordance with his atopic constitution and not due to the DRESS syndrome.

REFERENCE LIST