

Antibacterials

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DRESS syndrome: case report

A 49-year-old man developed DRESS syndrome during treatment with avibactam/ceftazidime, colistin, meropenem and gentamicin for ventilator-associated pneumonia or multidrug-resistant *Pseudomonas aeruginosa* infection [dosages and routes not stated].

The man, who had Down syndrome and obesity, was diagnosed with COVID-19 pneumonia and was intubated in the ICU for severe acute respiratory distress syndrome in 2020. He developed ventilator-associated pneumonia followed by a septic shock. Thereafter, he was treated with meropenem. Later, an improvement in his respiratory status was noted. He then received empiric treatment with meropenem and caspofungin. Within 2 days, his blood and bronchial aspirate cultures showed multidrug-resistant *Pseudomonas aeruginosa*. His therapy with meropenem was discontinued, and he was treated with gentamicin and colistin. He also received avibactam/ceftazidime [ceftazidime/avibactam] due to continued fever episodes. Thereafter, he was again started on meropenem at a double dose due to suspicion of pseudomonal infection, and caspofungin was stopped. Four days later, he developed a small pinpoint vesicular skin lesions in the upper trunk. Within few days, he suddenly developed respiratory distress and altered mental status. Physical examination showed anterior cervical chain lymphadenopathy, diffuse purpuric rash with the involvement of 60% body surface area and facial and lower limb oedemas. Laboratory investigations revealed significant eosinophilic predominant leucocytosis and elevated creatinine suggesting an acute kidney failure. A chest X-ray showed bilateral pleural effusion. Based on these findings, a diagnosis of DRESS syndrome secondary to his antibacterial therapy was made [time to reaction onset not stated].

The man's treatment with all antibacterials was stopped, and he was treated with methylprednisolone. Four days later, he showed an improvement and was discharged home. At a 2-week follow-up, his cutaneous and systemic symptoms had resolved with normal laboratory tests.