Multiple drugs

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Toxic epidermal necrolysis and lack of efficacy: case report

A 48-year-old woman developed toxic epidermal necrolysis (TEN) following administration of AZD-1222 for COVID-19 immunisation. Subsequently, she exhibited lack of efficacy during treatment with betamethasone valerate and fexofenadine for pruritic eruption. She also exhibited lack of efficacy during treatment with paracetamol and ibuprofen for fever [*not all routes and dosages stated*].

The woman presented to the hospital with a worsening erythematous eruption with started 14 days following administration of the first dose of the AZD-1222 [ChAdOx1 nCoV-19] for COVID-19 immunisation. She had a minor discomfort at the injection site that resolved spontaneously. There was a pruritic eruption which appeared on her chest initially, which extended rapidly to the trunk, limbs and orogenital mucosa with florid exfoliation. She also had fevers, nausea and skin tenderness. She started receiving topical betamethasone valerate 0.02% cream applied twice daily and oral fexofenadine 180mg, once daily for pruritic eruption. However, she had no relief which indicated lack of efficacy. She started receiving oral paracetamol 1g, four times daily and oral ibuprofen 300mg, thrice daily for fever. However, she had no improvement which indicated lack of efficacy. Examination revealed a confluent erythematous maculopapular eruption with a positive Nikolsky sign, orogenital mucosal involvement, denuded skin on the anterior trunk with flaccid bullae and with a total BSA of epidermally detached skin to 15%. She also presented with erosions of the hard palate and labia majora. Skin biopsies showed partial to full-thickness epidermal necrosis, subepidermal split, basal vacuolation and scattered superficial dermal perivascular lymphocytes. She had mildly increased liver transaminases. On basis of clinical findings, she was diagnosed with TEN. TEN was attributed to AZD-1222.

The woman was admitted to the burns unit for management of TEN. At the time of admission, her SCORTEN score was 2. She was treated with adalimumab. On day 3 and day 5, she was given two more doses of adalimumab, after which progression of the eruption ceased. Up to 28 days of admission, the detachment of involved skin continued with involvement of 90% of BSA. After 35 days, she made a full recovery and was discharged home.

Kherlopian A, et al. A case of toxic epidermal necrolysis after ChAdOx1 nCov-19 (AZD1222) vaccination. Australasian Journal of Dermatology 63: e93-e95, No. 1, Feb 2022. Available from: URL: http://doi.org/10.1111/ajd.13742

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