

AZD-1222

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Stevens-johnson syndrome: case report

A 60-year-old man developed Stevens - Johnson syndrome (SJS) following administration of AZD-1222 vaccination.

The man presented with complaints of oral ulceration, fever and skin rash, which had started three days after receiving first dose of the recombinant AZD-1222 [Covishield; *dosage and route not stated*] COVID-19 vaccine.

The man received levocetirizine [levocetirizine] and paracetamol on the advice of local physician. However, his symptoms were not controlled. Gradually, his rashes became generalised in distribution. After ten days of vaccine administration, he presented to the emergency department. His fever was persisted throughout the period. Physical examination showed multiple purpuric macules present all over the body with perilesional erythema. The lesions had coalesced to form large sheets of necrosed skin over the back and front of his trunk, with a few areas showing bullae. Mucosal involvement was present in the form of haemorrhagic crusting over the lips, redness of and slight discharge from the eyes, erosions on the glans and oral erosions. Based on the disease morphology and course, SJS was suspected. Anamnesis revealed that for the past six months he had been taking metformin and teneligliptin for diabetes and amlodipine for hypertension. He did not report any other drug intake prior to the development of his symptoms. On the day of admission, toxic epidermal necrosis score was one. The Naranjo algorithm showed a causal association of two (possible association) between the adverse drug reaction and the vaccine. Histopathological examination from the erythematous lesion showed orthokeratosis with epidermal atrophy, scattered degenerated apoptotic keratinocytes, moderate intraepidermal infiltration of lymphocytes and neutrophils with moderate spongiosis, patchy areas of basal cell degeneration and interface dermatitis, perivascular and periadnexal inflammatory cell infiltrate and extravasation of erythrocytes in the dermis. Thus SJS was confirmed. Thereafter, he received ciclosporin. After seven days, his symptoms were completely resolved.

Dash S, et al. COVID-19 vaccine-induced Stevens-Johnson syndrome. *Clinical and Experimental Dermatology* 46: 1615-1617, No. 8, Dec 2021. Available from: URL: <http://doi.org/10.1111/ced.14784> 803624818