

BBIBP-CorV

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Stevens-Johnson syndrome: case report

A 49-year-old woman developed Stevens-Johnson syndrome following immunisation with BBIBP-CorV against COVID-19 infection.

The woman, who had a history of successfully treated breast cancer, was admitted following a reaction to the second dose of IM BBIBP-CorV 0.05mL [*sic*] vaccine. Concomitantly, she had been receiving tamoxifen, sodium valproate and alprazolam taken with no dose changes for at least 4 years. On the day of vaccination, she experienced a headache, nausea, myalgia and burning sensation in the mouth and genitalia. Over the next three days, ulcers on her lips, oral cavity and vagina along with a single isolated rash on her left palm was noted. She complained of odynophagia and dysuria. Off note, similar lesions but with much less severity 5 days after receiving the first dose of BBIBP-CorV vaccine were observed, which resolved completely in one week. On examination, she looked unwell and walked slowly with difficulty. The vital signs were within normal limits and other systemic examinations were normal. There were multiple ulcerations and erosions on the bilateral buccal mucosa, lip mucosa, lower lip vermilion and over the dorsal, lateral, and ventral surface of the tongue. On genital examination, glazed erythema and erosion of the inner aspect of labia minora around the vaginal orifice were noted. Skin examination showed only a well-defined circular erythematous patch with a blister on the palm. Cutaneous biopsy specimen showed full-thickness epidermal necrosis, sub-epidermal splitting and superficial perivascular lymphocytic infiltration. The clinical and histological findings were consistent with a diagnosis of Stevens-Johnson syndrome secondary to BBIBP-CorV vaccine.

The woman was treated with fexofenadine and prednisolone tapering dose. Topical methylrosanilinium chloride [violet gentian] was used as an antiseptic for oral ulcers. Two weeks later, the mucocutaneous lesions were significantly resolved.

Mansouri P, et al. Stevens-Johnson Syndrome due to COVID-19 vaccination. *Clinical Case Reports* 9: e05099, No. 11, Nov 2021. Available from: URL: [http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)2050-0904](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)2050-0904)

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