

BNT-162b1

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Stevens-Johnson syndrome: case report

A woman [age not stated] developed Stevens-Johnson syndrome following treatment with BNT-162b1.

The woman presented 5 days after the second dose of the BNT-162b1 [COVID-19 Pfizer vaccine; route and dosages not stated], with the complain of large, red-colored bullae about 3cm x 1.5cm in diameter at the left retromolar area that ruptured and refilled. She also had whitish-yellow patches all over the tongue dorsal surface and upper and lower lips, in addition to multiple large ulcers found at the buccal mucosa, tongue, labial mucosa and palate. No adverse reactions were reported after the first dose of vaccine exposure. A detailed medical history was taken, and she was found to be medically free of disease with no history of previous drug allergy. She reported that she had taken the second dose of the BNT162b1 5 days previously, following which, she developed a mild fever and general weakness. A D-dimer test was done to detect the possibility of blood clots. Laboratory examination of the D-dimer test showed a slight elevation. A diagnosis of Stevens-Johnson syndrome secondary to BNT-162b1 was made [outcome not stated].

The woman received treatment with prednisolone. Oral corticosteroids in the form of a mouthwash was prepared by the addition of triamcinolone [triamcinolone acetonide] and sterile sodium chloride [saline] was also given. She was instructed to take fluids with minerals and to avoid sharp and hard food.