



## IMAGE ARTICLE

# Drug Rash with Eosinophilia and Systemic Symptoms Syndrome Associated with Isoniazid

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### Keywords

Eosinophilia, Isoniazid

### Introduction

A 57-year-old man, admitted for inflammatory back pain lasting for 03 months before admission in the context of weight loss and night sweats. The images showed spondylodiscitis D6-D7 with a collection whose paravertebral, biopsy favored location tuberculosis. Patient was put under antibacillary, quadruple (rifampin, isoniazid, ethambutol and pyrasinamide). 15 days after starting treatment, erythematous lesions squamous (Figure 1, Figure 2 and Figure 3) whole body with facial edema and jaundice. The patient was consulted only at day 45 without treatment discontinuation. Biology

showed leukocytosis with 11120/mm<sup>3</sup> to 19.000/mm<sup>3</sup> eosinophil; cytolysis twice normal and cholestasis. He had no cardiac abnormalities or clinical examination or ECG. The diagnosis of drug reaction with eosinophilia and systemic symptoms in antibacillary was incorporated. The evolution was marked by the disappearance of jaundice and skin lesions and reduced the rate of eosinophilic 700/mm<sup>3</sup> after cessation of treatment and low dose corticosteroids. 15 days after the introduction of rifampicin in a low dose and then at full dose and had no abnormalities. In the introduction of isoniazid half-dose the onset of pruritus and skin lesions similar to early lesions. Isoniazid is finalized and the patient continued his treatment with rifampicin, ethambutol and pyrasinamide with good clinical and biological evolution.



Figure 1: Erythematous lesions squamous of both hands.



**Figure 2:** Erythematous lesions squamous of both hands.



**Figure 3:** Erythematous lesions squamous of the lower limbs.