



台灣老年學暨老年醫學會

TAIWAN ASSOCIATION OF GERONTOLOGY AND GERIATRICS

第十一屆第一次
年會暨學術研討會論文摘要

日期 | 一〇一年六月十七日 · 時間 | 上午 8:00 - 下午 5:10

地點 | 台大醫學院101.102.103講堂 · 住址 | 台北市仁愛路一段一號



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STEVENS-JOHNSON SYNDROME RESULTING FROM USE OF PHENYTOIN - CASE REPORT

使用癩能停引發史蒂芬強森症候群—病例報告

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Background: Adverse drug reactions are also more frequent and severe in elderly people due to polypharmacy, multiple chronic medical problems and frailty. Adverse drug reactions are important causes of hospital admission, and play an important role in public health. In the data of Taiwan Drug Relief Foundation, skin and subcutaneous tissue disorders had the greatest proportion 63% of Drug Hazard Relief Act. Stevens-Johnson syndrome (SJS) takes first place in this report with 67.8%. SJS is are in drug-induced cutaneous reaction, but potentially life-threatening with a mortality rate of 20 – 30% . The incidence of SJS is estimated to happen approximately in 1-2 patients per million individuals per year in Caucasians , but it is higher in Han Chinese, which are 8 cases per million person-years. Although its low incidence, still have a significant impact on public health because of its high mortality rate.

Case report: A 69-year-old housewife was admitted to neurosurgery ward initially because of progressive left-sided weakness. The right temporal lobe meningioma post craniectomy and tumor resection was done, then phenytoin use due to brain tumor mass effect and increased intracranial pressure. She was transferred to Geriatric ward for rehabilitation on the 26th day of admission . Initially mild pruritic wheals were scattered over the internal side of both thighs, then diffusely involved skin lesions and spiking fever developed. Generalized erythematous macula with central darkening on four limbs and trunk, and target-like lesions on bilateral palms were noted on examination. No lesions were seen on the tongue , oropharynx, or conjunctiva. According to clinical condition and laboratory data, virus infection or Phenytoin induced adverse drug reaction were suspected. Phenytoin was discontinued immediately, and supportive treatment was administrated. After steroid use 8 days and discontinuation of phenytoin, the patient recovered well. Although the skin-biopsy specimen was unable to perform, the skin

lesions disappeared almost completely within 4 weeks. There was no similar episode during the following hospitalization. Her rehabilitation program went smooth, and she was discharged after 2 months hospitalization.

Conclusion: The elders might have higher mortality because of the frailty and the comorbidity. The poor outcomes of geriatric people with SJS and TEN remind us a widely epidemiologic survey focus on geriatric people should be necessary.