DRESS SYNDROME DURING TREATMENT OF INFECTION WITH NON-TUBERCULOUS MYCOBACTERIA

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Introduction

Drug Rush with Eosinophilia and Systemic Symptoms (DRESS) is a rare hypersensitivity syndrome with a mortality of up to ten percent.

Clinical case

A 75-year-old patient with CT morphological bronchiectasis and consolidating infiltrate with a cavity formation in the left lower lobe was initially treated empirically with ampicillin/sulbactam and subsequently with piperacillin/tazobactam and meropenem. When Mycobacterium avium was detected, therapy with rifampicin, ethambutol, and clarithromycin was used. Three weeks later the patient developed rapid respiratory deterioration requiring oxygen-high-flow therapy. Imaging showed extensive ground-glass infiltrates on both sides. There was also fever, initially urticarial and then a maculopapular rash, elevated CRP, elevated transaminases, and peripheral eosinophilia (1260/µl, corresponding to 13.4%). An acute viral, atypical or HIV infection as well as rheumatoid and collagenous genesis of the symptoms were excluded. The dermato-histological examination was inconclusive. The DRESS validation score was 3 points, corresponding to a possible DRESS syndrome. After short-term therapy with antihistamines and systemic cortisone, a significant regression of the symptoms was achieved. The lymphocyte transformation test (LTT) with clarithromycin was positive (3.5 SI; lymphoblasts 15.1%). With all other medications mentioned above, the LTT was negative.

Conclusion

We interpret the patient's symptoms as DRESS syndrome, most likely triggered by clarithromycin.