



B3952-13

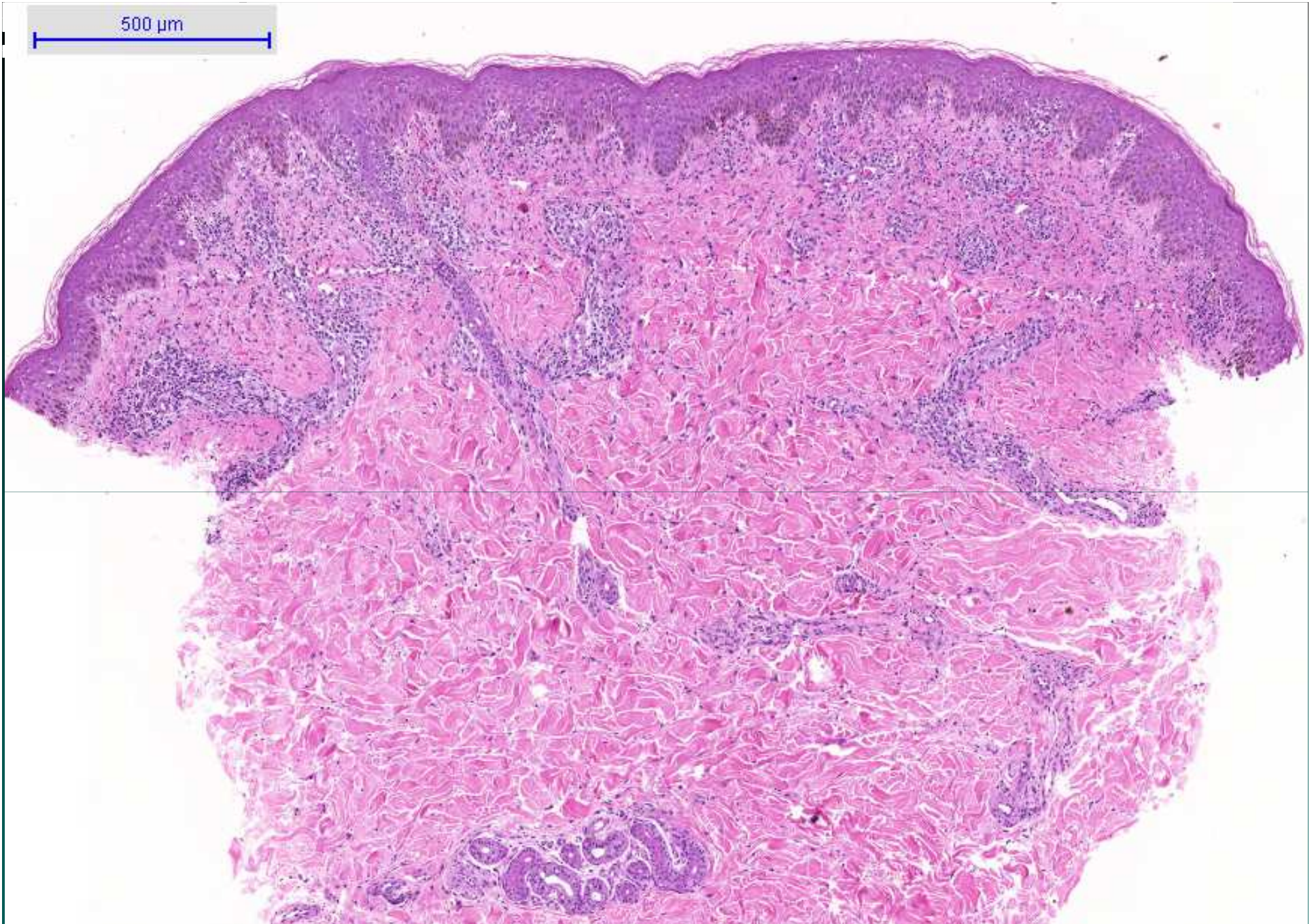
Núcleo de especialidades - SBP
28/09/13

R1 Vinícius Zanin
Orientadora: Dr^a Maria Aparecida Marchesan
Rodrigues
FMB – UNESP

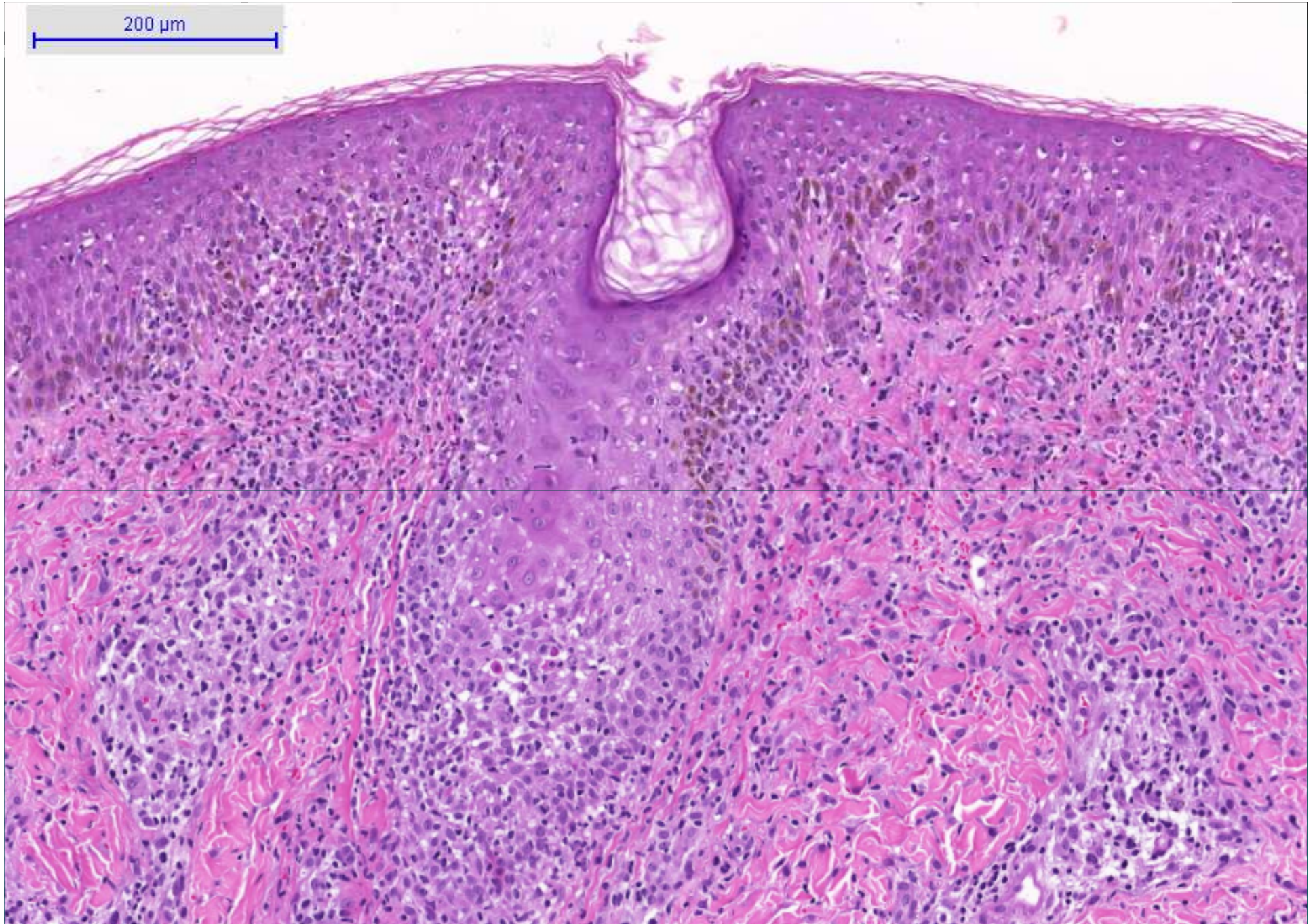
Informações clínicas

- *M.S.S., sexo feminino, 35 anos, natural e procedente de Botucatu – SP*
- Paciente internada na unidade psiquiátrica para tratamento de transtorno depressivo grave, em uso de diversos psicotrópicos.
- Apresentou inicialmente quadro de febre, mialgia e cefaléia. Após alguns dias apresentou exantema eritematoso generalizado.

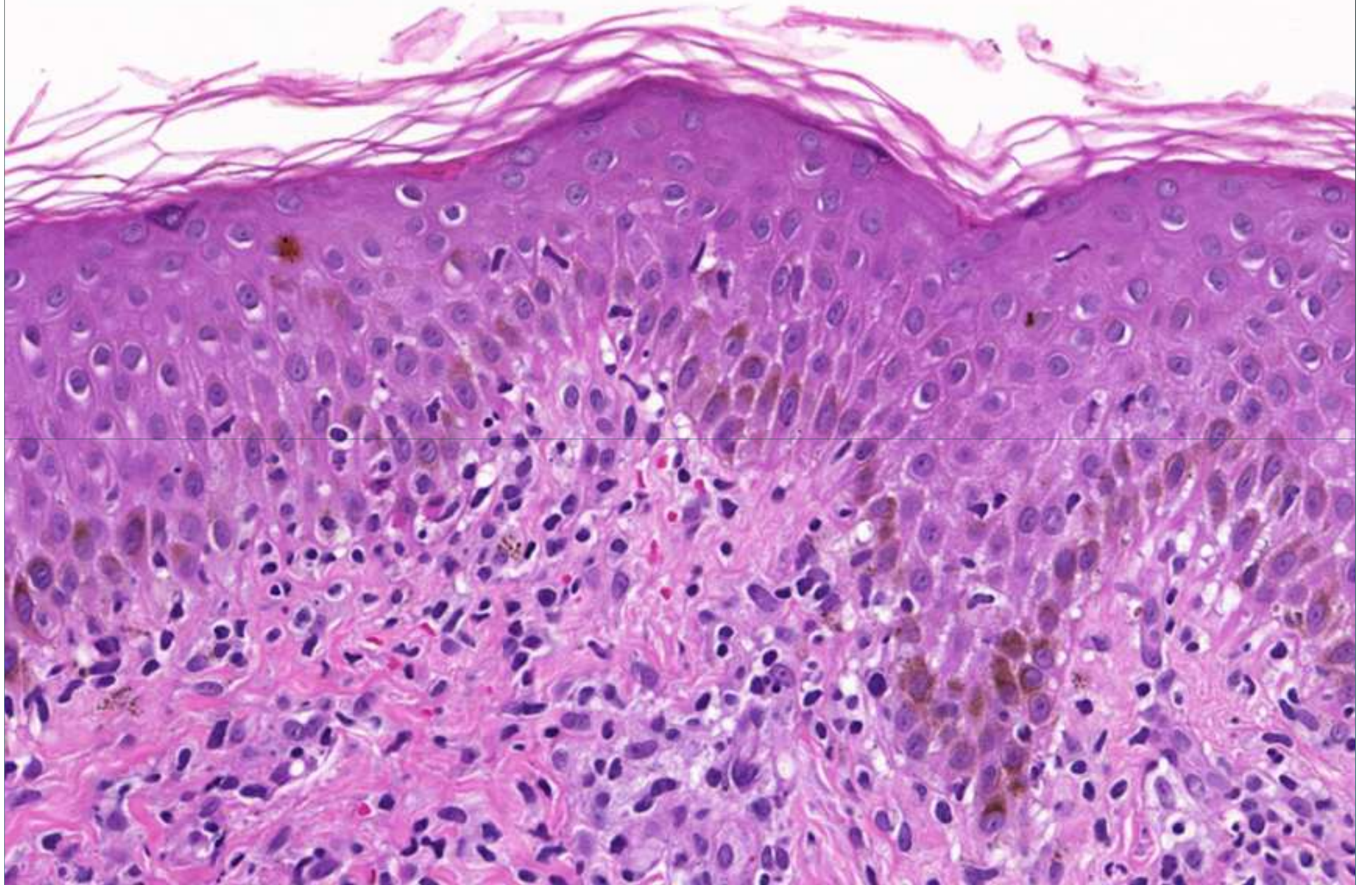
500 μ m



200 μ m



100 μ m



Diagnóstico da biópsia

Diagnóstico Anátomo-Patológico:

Pele - "Punch" de lesão na coxa direita:
FARMACODERMIA - DRESS clinicamente.

- *Drug reaction with eosinophilia and systemic symptoms*
- Farmacodermia associada a eosinofilia e sintomas sistêmicos



Autópsia 36-13

Identificação

- M.S.S., sexo feminino, 35 anos, natural e procedente de Botucatu – SP
- Admissão 10/05/13
- Óbito 15/05/13 07:05
- Autópsia 15/05/13 17:00

Informações clínicas

- Paciente internada na unidade psiquiátrica devido a transtorno depressivo grave, associado a quadro psicótico. Apresentou febre persistente, mialgia e cefaléia. Posteriormente surgiu exantema difuso associado a edema de face e membros inferiores. Seguido de disuria e dispnéia.

Ectoscopia

- Paciente icterica 3+/4+ com exantema difuso e múltiplas áreas de equimose em tronco.

Macroscopia - Baço

- P: 220g
(n: 155g)¹
- Baço
Aumentado
Reativo



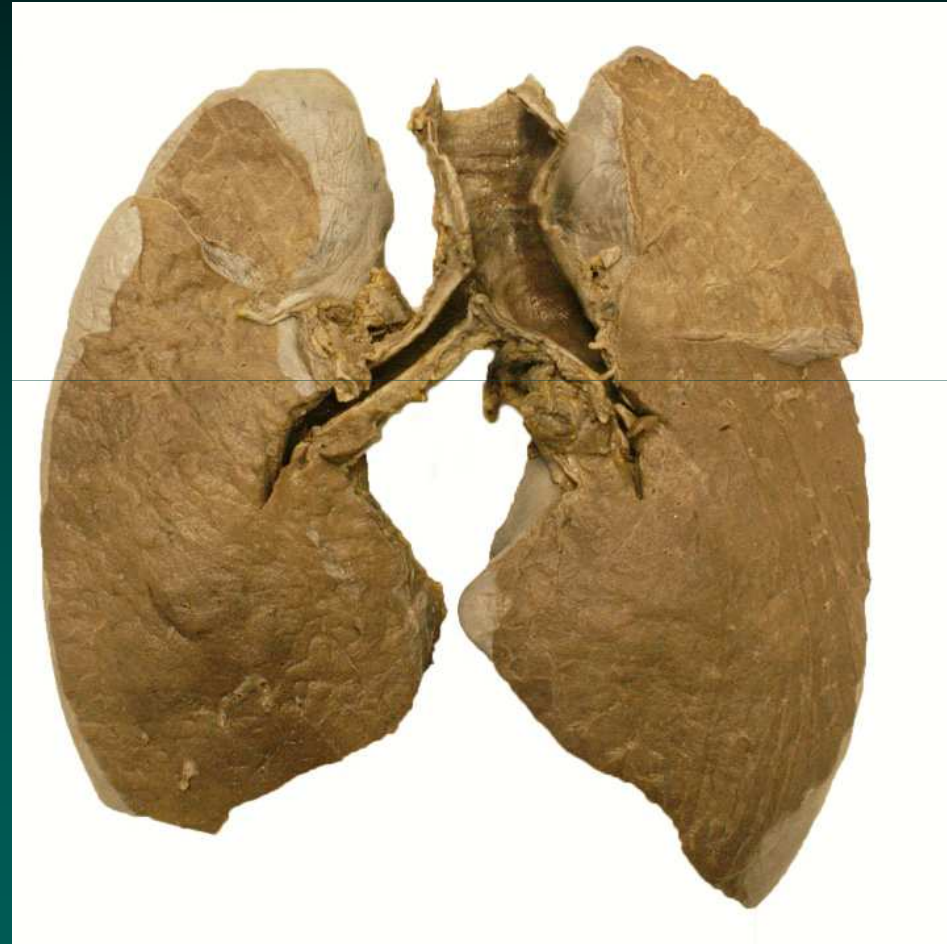
Macroscopia - Cérebro

- P: 1260g
(n: 1275 g)¹
- Apagamento
de sulcos e
giros



Macroscopia - pulmões

- P: 1155g
(n: 685 - 1050g)¹
- Áreas de consolidação e hematomas bilateralmente



Macroscopia - Fígado

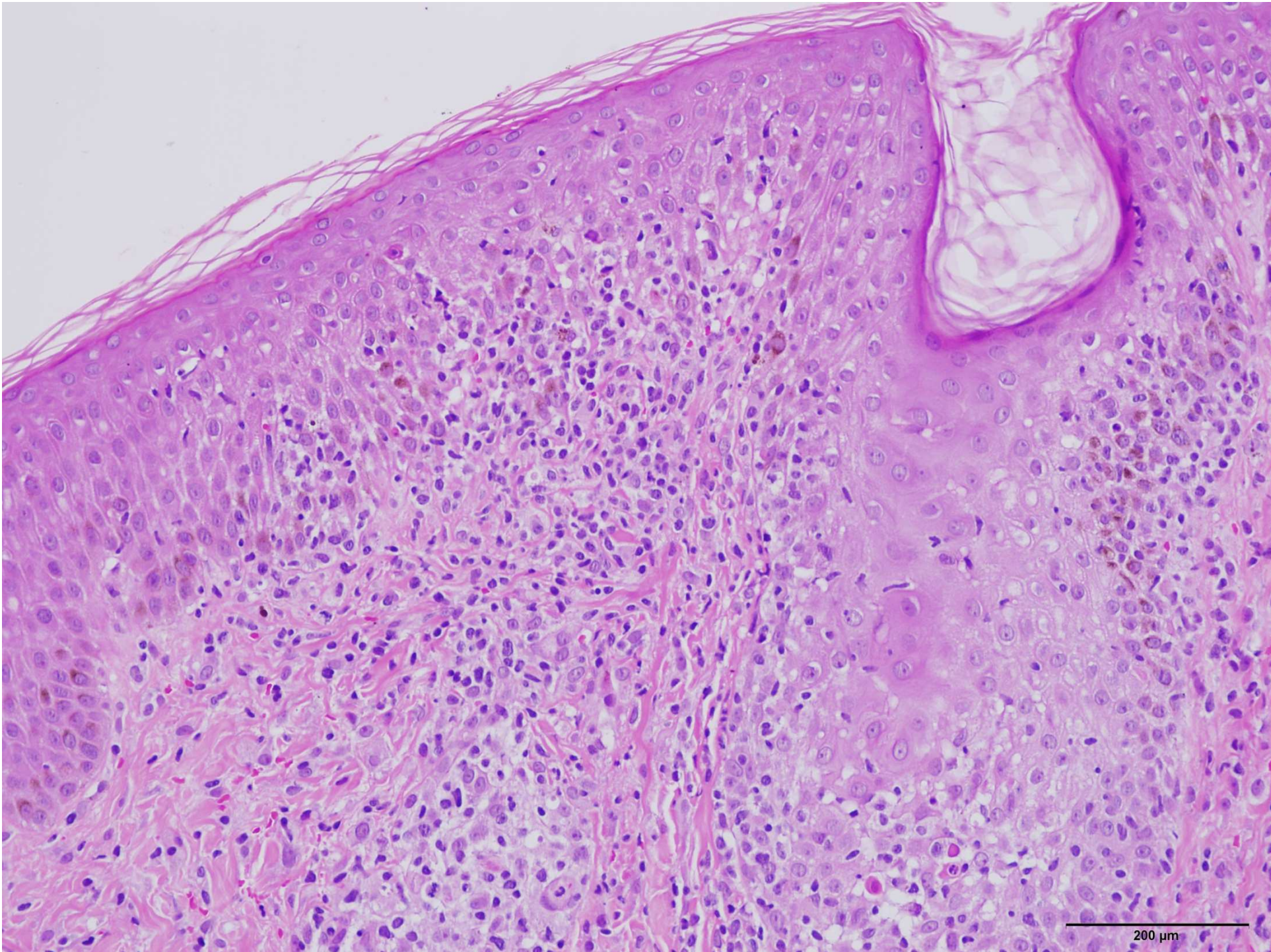
- P: 1120g
(n: 1500 – 1800g)¹
- Consistência bem amolecida. Tamanho diminuído.



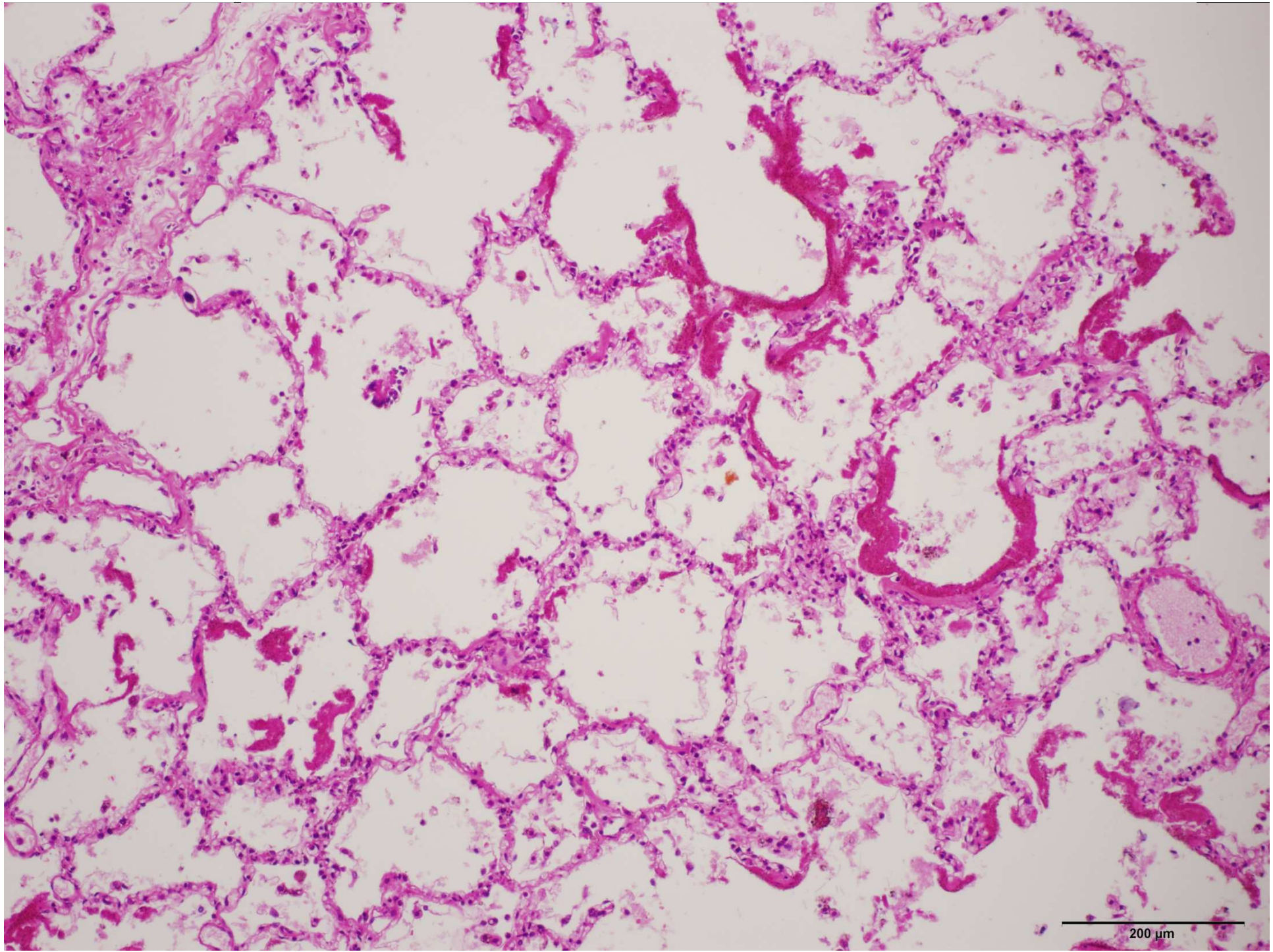
Macroscopia - Rins

- P: 350g (RD: 190g RE: 160g) (n: 250 – 350 g)¹
- Pálido
- Cortical espessa

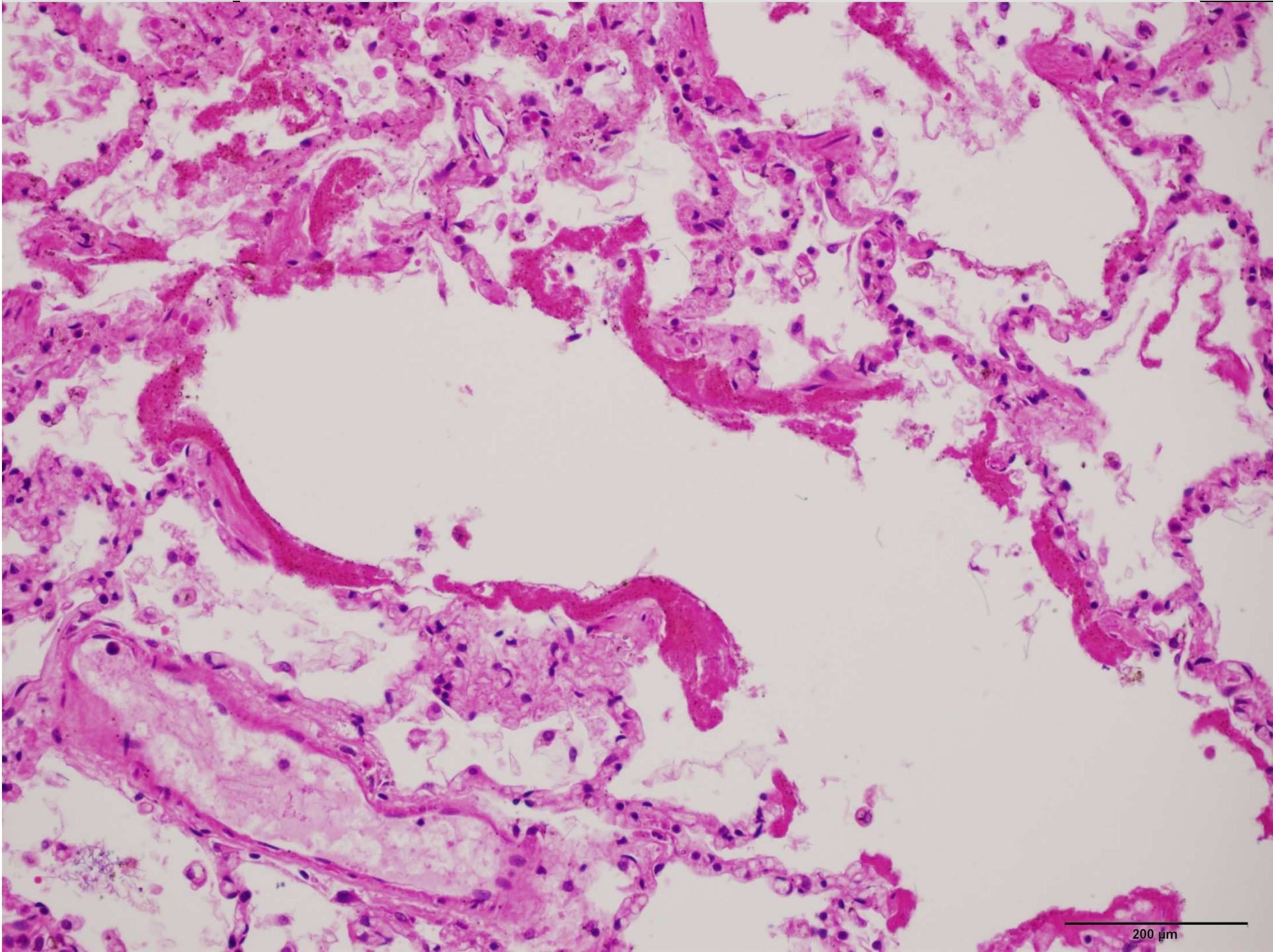




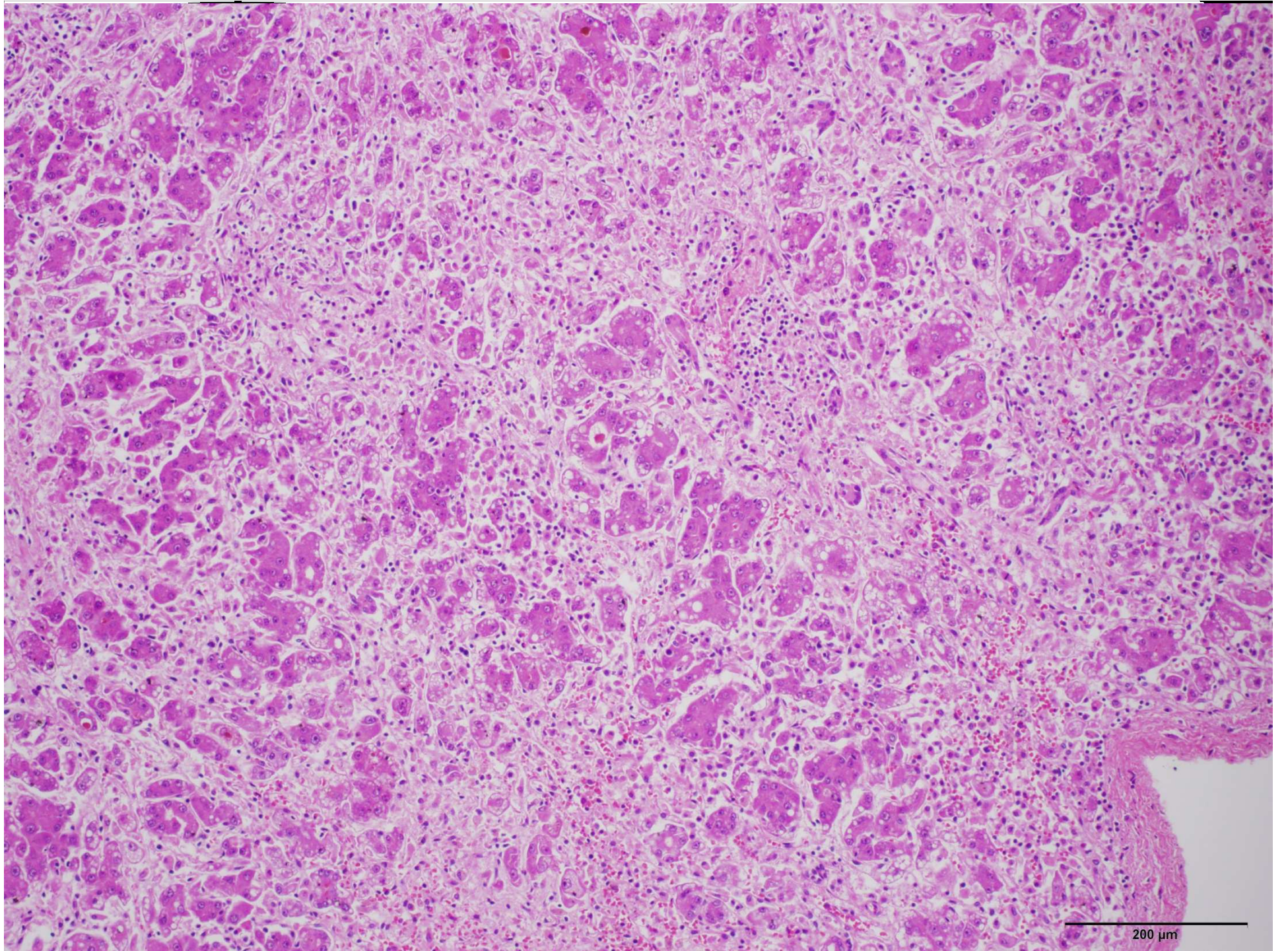
200 μ m



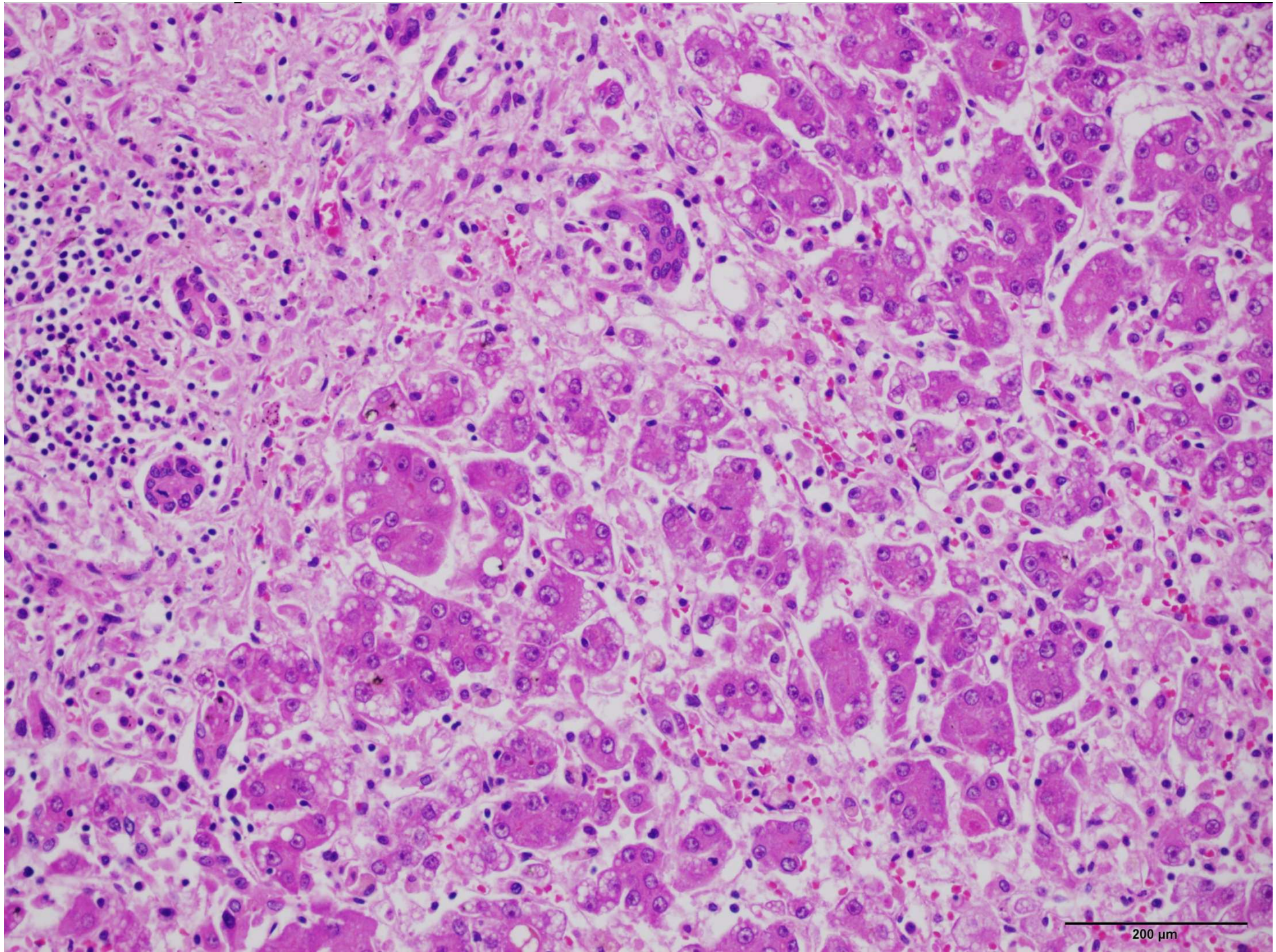
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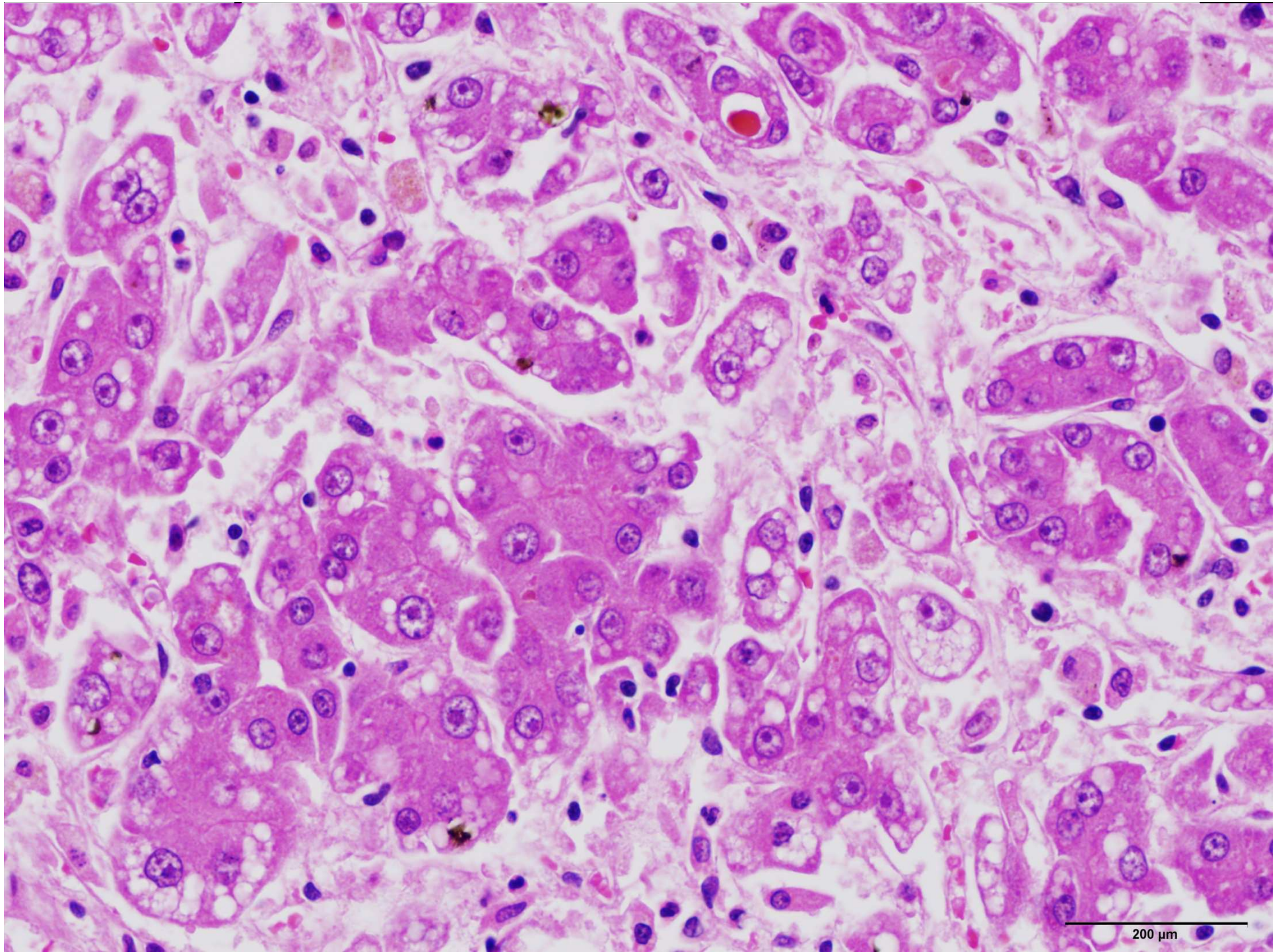


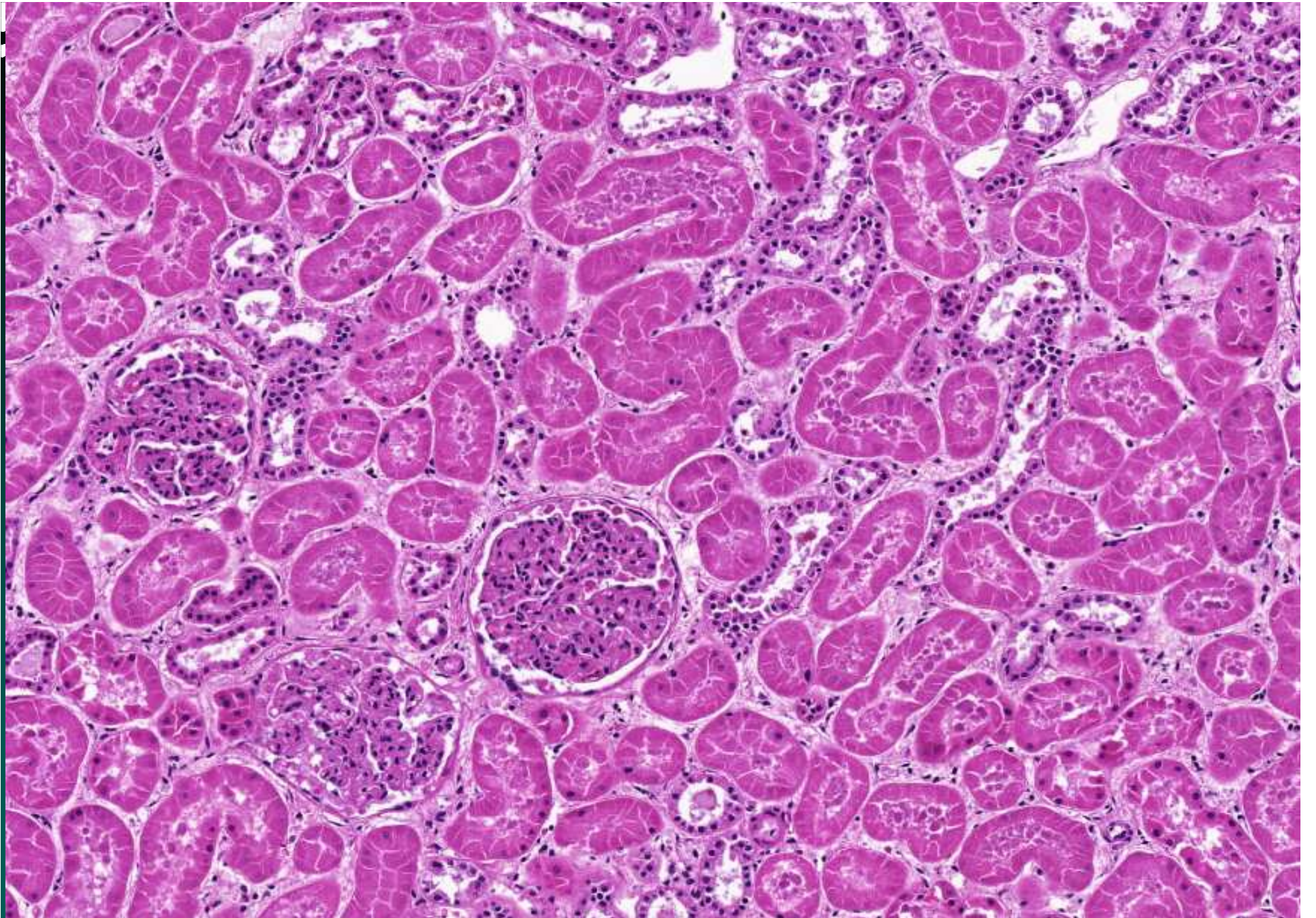
200 μ m

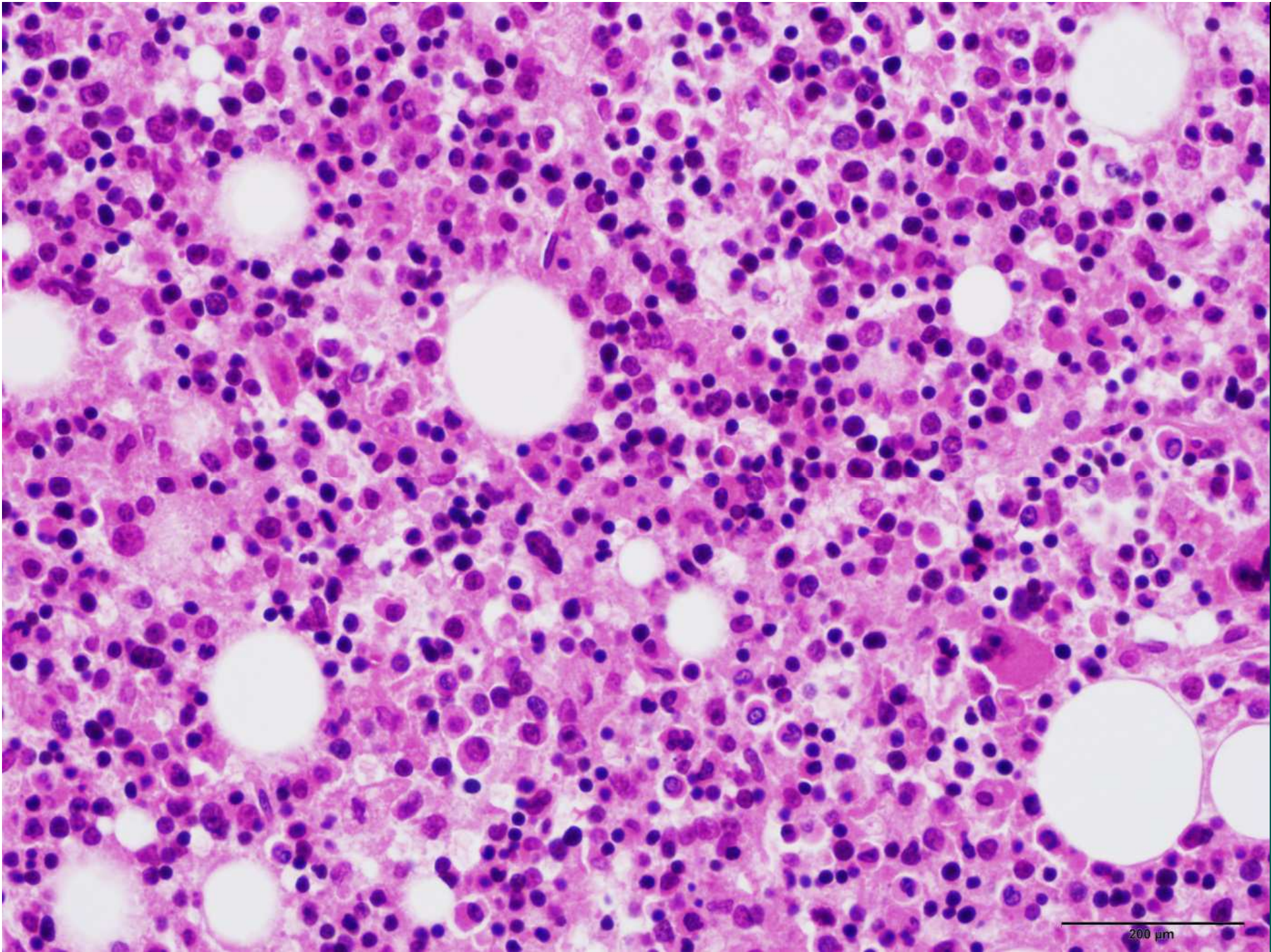


200 μ m









Relatório Final

- **CAUSA BÁSICA:** Transtorno depressivo grave associado à quadro psicótico
 1. Farmacodermia associada a eosinofilia e sintomas sistêmicos (DRESS)
 2. Hepatite fulminante: necrose hepática submaciça
 - Encefalopatia hepática (edema cerebral)
 3. Dano alveolar difuso
 - Ventilação mecânica
- **CAUSAS CONTRIBUTIVAS:** Necrose tubular aguda

CAUSA TERMINAL: Insuficiência hepática

Anticonvulsivantes

Cyp-450



Metabólitos reativos

Drugs associated with drug reaction with eosinophilia and systemic symptoms (DRESS)

Frequently reported

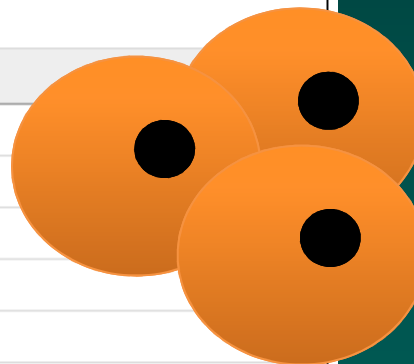
- Allopurinol
- Carbamazepine
- Lamotrigine
- Phenytoin
- Sulfasalazine
- Vancomycin
- Minocycline

- Dapsone
- Sulfonamides

Also reported

- Phenindione
- Quindione
- Beta-lactam antibiotics
- Nevirapine
- Oxcarbazepine
- Strontium ranelate
- Telaprevir

Resposta celular auto-imune



*Shiohara et al 2006

Table 2 Diagnostic criteria for DIHS/DRESS

1. Maculopapular rash developing > 3 weeks after starting therapy with a limited number of drugs
2. Lymphadenopathy
3. Fever ($> 38^{\circ}\text{C}$)
4. Leukocytosis ($> 10 \times 10^9/\text{L}$)
 - a. Atypical lymphocytosis
 - b. Eosinophilia
5. Hepatitis ($\text{ALT} > 100 \text{ U/L}$)
6. HHV-6 reactivation

The diagnosis is confirmed by the presence of five of the six criteria above

Allergology International. 2006;55:1-8

REVIEW ARTICLE

Drug-induced Hypersensitivity Syndrome(DIHS): A Reaction Induced by a Complex Interplay among Herpesviruses and Antiviral and Antidrug Immune Responses

Tetsuo Shiohara¹, Miyuki Inaoka¹ and Yoko Kano¹

Table 2. Drug Rash with Eosinophilia and Systemic Symptoms: Proposed Criteria of Diagnosis*

Criterion
1. Cutaneous drug eruption
2. Hematologic abnormalities: Eosinophilia $\geq 1.5 \times 10^9/L$ or presence of atypical lymphocytes
3. Systemic involvement: Adenopathies ≥ 2 cm in diameter or hepatitis (liver transaminases values $\geq 2 N$) or interstitial nephritis or interstitial pneumonitis or carditis

*The proposed classification is based on 3 criteria. A person shall be said to have "DRESS" if 3 criteria are present.

Drug-Induced Pseudolymphoma and Drug Hypersensitivity Syndrome (Drug Rash With Eosinophilia and Systemic Symptoms: DRESS)

Hélène Bocquet, Martine Bagot, and Jean Claude Roujeau

Seminars in Cutaneous Medicine and Surgery
115 (4) 1996: 250-257

Referências

1. FINKBEINER, Walter E; URSELL, Philip C; DAVIS, Richard L, **Autopsy Pathology**, [s.l.]: Churchill Livingstone, 2004.
2. SHIOHARA, Tetsuo; INAOKA, Miyuki; KANO, Yoko, Drug-induced hypersensitivity syndrome (DIHS): a reaction induced by a complex interplay among herpesviruses and antiviral and antidrug immune responses., **Allergology international official journal of the Japanese Society of Allergology**, v. 55, n. 1, p. 1-8, 2006.
3. CACOUB, Patrice *et al*, The DRESS syndrome: a literature review., **The American journal of medicine**, v. 124, n. 7, p. 588-97, 2011.
4. BOCQUET, Hne; BAGOT, Martine; ROUJEAU, Jean Claude, Drug-Induced Pseudolymphoma and Drug Hypersensitivity Syndrome (Drug Rash With Eosinophilia and Systemic Symptoms □: DRESS), **Seminars in Cutaneous Medicine and Surgery**, v. 4, n. 4, p. 250-257, 1996.
5. HUSAIN, Zain; REDDY, Bobby Y; SCHWARTZ, Robert A, DRESS syndrome: Part I. Clinical perspectives, **Journal of the American Academy of Dermatology**, v. 68, n. 5, p. 693.e1-693.e14, 2013.
6. HUSAIN, Zain; REDDY, Bobby Y; SCHWARTZ, Robert A, DRESS syndrome: Part II. Management and therapeutics, **Journal of the American Academy of Dermatology**, v. 68, n. 5, p. 709.e1-709.e9, 2013.