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A Case Report of Stevens-Johnson Syndrome Probably Due to Etoricoxib

Hijaz Ahamed[1], Dr. Manish Mohan M[2], Dr. Shobha P[3], Dr. Ramani P T[4], Dr Harsha Devi S[5]
[1]Third Year Postgraduate MD Pharmacology,[2]Assistant Professor,[3]&[4] Professor,[5] Clinical Pharmacist
Department of Pharmacology, Sree Gokulam Medical College & Research Foundation

***Corresponding Author:**
Manish Mohan M
Assistant Professor
Department of Pharmacology, Sree Gokulam Medical College & Research Foundation

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Abstract

Stevens-Johnson Syndrome (SJS) is a rare but severe condition primarily triggered by adverse drug reactions, affecting the skin and mucous membranes. This case report presents a 59-year-old female who developed SJS, probably due to Etoricoxib, a selective COX-2 inhibitor prescribed for pain management. The temporal association between the onset of symptoms and the drug administration, along with the absence of other likely causes, supports the probable connection. The case emphasizes the importance of early recognition, drug discontinuation, and supportive care to prevent severe complications.

Keywords: Etoricoxib, Stevens-Johnson Syndrome, Adverse Drug Reaction, Hypersensitivity, COX-2 Inhibitor

Introduction

Stevens-Johnson Syndrome (SJS) is a life-threatening mucocutaneous reaction most commonly induced by medications. It manifests as widespread necrosis of the skin and mucous membranes, which can lead to severe complications like sepsis if not promptly managed. Classified as a Type IV hypersensitivity reaction, SJS is often linked to medications such as nonsteroidal anti-inflammatory drugs (NSAIDs), anticonvulsants, and antibiotics. Among NSAIDs, Etoricoxib, a selective COX-2 inhibitor used for managing chronic pain and inflammation, has been implicated in several SJS cases, though it is a rare occurrence (1). This case report documents a probable case of Etoricoxib-induced SJS in a 59-year-old female and underscores the importance of pharmacovigilance and prompt medical intervention in managing such adverse reactions.

Methodology:

This case report was developed through clinical observation, detailed patient history, and causality assessment using the WHO-UMC (World Health Organization-Uppsala Monitoring Centre) scale (2). This system classifies adverse drug reactions (ADRs) based on their temporal relationship, alternative explanations, and known effects of the drug. In this case, the relationship between Etoricoxib and the onset of Stevens-Johnson Syndrome was assessed as "probable" due to the clear temporal connection between drug administration and the appearance of symptoms, along with the absence of any other potential triggers.

Case Report:

A 59-year-old female presented to the hospital with complaints of persistent, itchy, reddish skin lesions that had developed over the course of 15 days. She also reported swelling of the lips and eyelids, along with painful oral ulcers that had appeared 10 days earlier. Four days prior to seeking medical care, the patient developed a fever.

The patient had been diagnosed with a lumbar spine fracture and was prescribed Etoricoxib 90 mg daily for pain management. Three days after starting the

Etoricoxib regimen, the patient developed a fever, followed by the appearance of rashes, initially on her lips and subsequently spreading to her limbs and other parts of her body. The rash was accompanied by severe itching and the formation of painful ulcers in the oral cavity and mucosal surfaces.

Upon admission, a diagnosis of Stevens-Johnson Syndrome was considered based on the patient's clinical presentation and the progression of symptoms. Etoricoxib was immediately discontinued, and the patient was managed conservatively. She was provided with supportive care, including the administration of topical medications, intravenous fluids, and other symptomatic treatments aimed at preventing infection and promoting healing of the mucocutaneous lesions. Over time, her symptoms improved gradually, and she did not develop sepsis or other life-threatening complications.

The patient was closely monitored during her hospital stay, and her condition showed steady improvement. Follow-up assessments revealed that the skin lesions were healing, and no new symptoms emerged. She was discharged with instructions for continued supportive care at home and advised to avoid Etoricoxib and other COX-2 inhibitors in the future.

Image 1: Shows the lesions in the mouth and over the limbs

Discussion:

Stevens-Johnson Syndrome is a severe form of mucocutaneous hypersensitivity reaction that affects approximately 1 to 2 individuals per million annually (3). The condition often progresses rapidly, with necrosis of the skin and mucous membranes that can lead to life-threatening complications such as sepsis, organ failure, and death if left untreated (4).

The exact pathophysiology of SJS is complex, but it is believed to involve a combination of genetic predisposition, immune system activation, and exposure to triggering agents, such as drugs or infections. In this case, Etoricoxib, a selective COX-2 inhibitor, was the most probable trigger, given the temporal association between the drug's initiation and the onset of symptoms. Although rare, cases of Etoricoxib-induced SJS have been documented in medical literature (5). Symptoms typically include fever, widespread skin rash, mucosal ulcerations, and in severe cases, detachment of the epidermis.

Causality assessment in this case was performed using the WHO-UMC scale, which classified the association between Etoricoxib and the onset of SJS as "probable" (6). The key factors supporting this classification included the clear temporal relationship between drug administration and symptom onset, as well as the lack of alternative explanations for the patient's condition.

Prompt recognition and immediate discontinuation of the causative drug are critical in the management of SJS. In this case, Etoricoxib was discontinued as soon as SJS was suspected, and the patient was provided with appropriate supportive care. Early intervention likely contributed to the patient's recovery and prevented further complications such as sepsis. Although the patient's condition improved, SJS remains a serious condition that requires ongoing monitoring and careful management.

The rarity of Etoricoxib-induced SJS highlights the importance of pharmacovigilance in identifying and managing severe adverse drug reactions. While selective COX-2 inhibitors are

generally considered safer than nonselective NSAIDs, particularly in terms of gastrointestinal side effects, their use is not without risks (7). Clinicians should remain vigilant when prescribing these medications, especially to individuals with a history of hypersensitivity or other risk factors.

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Conclusion:

This case underscores the importance of pharmacovigilance in detecting and managing serious adverse drug reactions such as Stevens-Johnson Syndrome. Although rare, SJS is a life-threatening condition that requires early recognition and prompt discontinuation of the causative agent to prevent severe complications. In this case, the administration of Etoricoxib was probably responsible for the onset of SJS, based on the temporal relationship between drug use and symptom appearance. The patient's recovery was facilitated by the immediate discontinuation of the drug and the provision of supportive care.

Healthcare professionals must remain aware of the potential risks associated with commonly prescribed medications, even those considered relatively safe, such as selective COX-2 inhibitors. Continuous drug monitoring, patient education, and prompt reporting of adverse events are essential to ensuring patient safety and improving clinical outcomes.

Informed Consent:

Consent was obtained .

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