Ocular lesions revealing toxic epidermal necrosis in a female patient

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Case description

A 60 years old female patient with no significant medical history presented to emergency department with severe bilateral conjunctivitis associated with erythematous lesions, this symptomaticatology followed one dose of 1 g amoxicillin-clavulanic acid prescribed for a probable community acquired pneumonia. The patient at presentation was febrile and asthenic, she had skin peeling involving about 45% of the body surface area including the back, genital organ, neck and limbs. Ophthalmological examination found severe bilateral conjunctivitis with ulceration of the lids (Figures 1,2). The patient was shifted to intensive care unit for monitoring. Subsequent skin biopsies confirmed the diagnosis of TEN attributed to recent use of amoxicillin–clavulanic acid. The patient was treated by topical antibiotics, vitamin A ointment and symblepharon rings with favorable clinical outcome, she is still seen in regular follow-up.

Abstract

Toxic epidermal necrolysis (TEN) is a rare but serious dermatological emergency characterized by diffuse exfoliation of the skin and mucous membranes [1], the epidermal loss is due to massive keratinocyte apoptosis and/or necroptosis. TEN is often caused by a drug mediating a specific TCR-HLA interaction via the (pro)hapten, Frequently, the eyes and mucous membranes are affected [2]. We report a case of a successfully recovered TEN due to amoxicillin-clavulanic acid in a 60 years old female patient.

Keywords: Toxic epidermal necrolysis; Conjunctivitis.

Figure 2: Photo of the same patient showing the complete recovery after 1 year follow-up.

References
