

A Rare Case of Dress Syndrome from an Ayurvedic Medication which is Considered to have no Side Effects

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Abstract

Dress Syndrome¹ is a Potentially Life threatening Adverse Drug reaction characterised by abnormally increased eosinophil counts. We present to you a case of a 51 year old female who presented to emergency in anaphylactic shock after consuming an unknown drug (Ayurvedic Medication). The patient was resuscitated in emergency and after a 6 days course in the Hospital, Patient was discharged.

Keywords: Dress Syndrome; Ayurvedic Medication; Allergic Reaction; Eosinophil Counts.

INTRODUCTION

Ayurveda is an Ancient Practice in India based on the importance of the medicinal value of plant-based products instead of Re-based products to cure diseases.

It is widely used in the Indian population due to decreased rates of side effects as compared to allopathic medications. However, it may have life-threatening complications as seen in this case.

Dress Syndrome² is a drug reaction which causes raised eosinophil count along with systemic involvement. It can occur due to any drug

however commonly seen with antibiotics and Allopurinol.

It can present with a broad range of symptoms which include fever, Rash, Facial Swelling, Enlarged lymph nodes and injury to liver or kidney.

CASE REPORT

A 51-year-old female was brought to the ED with complaints of rashes all over the body since the previous night after consuming unknown



Fig. 1: Rash as seen on the Patient

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Medication from an ayurvedic practitioner. Upon arrival in ED patients Blood Pressure (BP) was not recordable and rashes all over the body and all four limbs.

Patient was conscious oriented, and Speaking in full sentences, her vitals were a heart rate of 121/Min, RR 20/Min, Oxygen saturation 98% on RA and a BP was not recordable, blood glucose of 161 mg/Dl.

The Patient was immediately started on IV fluids and 2 doses of adrenaline, a stat dose of 100 mg hydrocortisone and an anti-inflammatory were given after 1 hour of resuscitation blood pressure was 100/70mmhg.

The arterial blood gas analysis done before fluid resuscitation showed metabolic acidosis with a pH: 7.308, Pco₂: 42.6, Na: 144, K: 4.3, Lac: 3.2, Glu: 178, Hb: 16.

Patient was shifted to ICU for further management.

Patients lab results were suggestive of multiorgan involvement.

Hb:12.5, TLC: 43, 900 Platelet: 185000 Creatinine of 2.7 sodium 139, Potassium of 4.5 eosinophils: 15% Ige: 977.

CECT Abdomen was suggestive of portal hypertension leading to liver Parenchymal disease, Splenic infarcts and enlarged bilateral inguinal and right iliac lymph nodes.

Paired blood cultures was positive for staphylococcus-epidermidis during the course of stay in ICU patient was treated with injection (INJ) Monocef, Inj. teicoplanin, Inj. hydrocortisone, Inj. ranitidine and other Supportive measures.

Patient was discharged after 6 days with Laboratory values of Eosinophils >5%, creatinine of 0.8 and TLC count 10.6

DISCUSSION

In India buying medications over the counter without any prescription is a common practice this leads to serious life threatening complications and in some cases can lead to death. This case presents one such life threatening complication of dress syndrome. Early intervention and timely treatment can help in saving a life due to such drug interactions.

CONCLUSION

Need for awareness in general population about the complications and Possibilities of severe drug Interactions.³ We as healthcare Professionals should also spread awareness about early Intervention by medical professionals.

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