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STEVENS JOHNSON SYNDROME DURING TREATMENT WITH LITHIUM AND VALPROATE IN MOOD DISORDER: A REPORT OF TWO CASES

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ABSTRACT

Very rarely Stevens Johnson Syndrome develops following drug therapy particularly Lithium and Valproate. Worldwide, the reports regarding Lithium and Valproate induced Stevens Johnson Syndrome are very few. Here, we present two cases of Stevens Johnson Syndrome following treatment with Lithium and Valproate for Mood Disorder.

Key Words: Stevens Johnson Syndrome, Lithium, Valproate

Stevens Johnson syndrome begins with a non specific prodrome of one to fourteen days in at least half of the patients; fever, malaise, headache, rhinitis, cough, sore throat, chest pain. vomiting, myalgia and arthralgia. Cutaneous lesions in Stevens Johnson Syndrome generally consist initially of erythematous macules that rapidly and variably develop central necrosis to form vesicles , bullae and areas of denudation on the face, trunk and extremities. The skin lesions typically are more widespread than in extremities and are accompanied by involvement of two or more mucosal surfaces, namely eyes, oral cavity, upper airway or esophagus, gastro-intestinal tract or anogenital mucosa. A burning sensation, edema and erythema of the lips and the buccal mucosa are often the presenting signs, followed by development of bullae, ulceration and haemorrhagic crusting. Pain from the mucosal ulceration is often severe and skin tenderness is minimal to absent. The body surfaces affected are <10% to >30% or more. Internal organs involvement is rare in Stevens Johnson Syndrome. But some cases affect respiration and G.I.tract. Tracheal and bronchial symptoms may occur. Less commonly illeal involvements, hepatitis, colonic perforations have been reported.

Long and short-term treatment with Lithium with periodic checkup is an effective way to reduce the frequency, severity, and duration of manic and depressive episodes in patients with bipolar disorder. Valproate is widely used in the short-term treatment of the manic phase of bipolar I disorder and in the prophylactic treatment of patients with recurrent manic and depressive episodes.

Case I: A 30 year old male reported at the O.P.D. of the Dept. of Psychiatry for extensive skin rashes and few vesicles present over face, neck, body, oral and genital mucous membranes for 5 days following intake of Lithium (1050 mg in divided doses) as advised by the psychiatrist of C.I.P., Ranchi. He was advised to discontinue Lithium and to attend the O.P.D. of Skin and V.D. Department immediately, when he was suspected as a case of Stevens Johnson Syndrome in the Dept. of Psychiatry. Subsequently the patient was taken over by the skin and V D department confirming the diagnosis of Stevens Johnson Syndrome, and treated with injection of

Dexamethasone, Roxithromicin, topical antibiotic, antihistaminics, topical steroids, and mouth wash. During the course of treatment, the patient was referred for psychiatric consultation for management problem. On bedside referral, the patient was irritable and was advised to continue clonazepam 4 mg per day in divided doses. Finally, the patient was cured and discharged.

On detail evaluation, the patient was admitted at C.I.P.Ranchi for acute mania (excessive speech, decreased sleep, distractibility, increased motor activity, elevated mood, inflated self-esteem, gross impairment of social and occupational functioning) and maintained only on Lithium during discharge. He had 2 similar episodes in the past, 1993 and 1998, treated at the Dept. of Psychiatry and completely remitted. The Interepisodic period was symptom free.

Subsequently it was reported by his key relative that he expired of heat exhaustion as per the opinion of local physician.

Case 2: A 39 year old Hindu male reported at the clinic of consultant psychiatrist for bipolar disorder, currently depressed (sad mood, anhedonia, early morning awakening, irritability, loss of appetite) of 2-1/2 year duration and was treated with Valproate,600-mg per day ; clonazepam, 1mg per day; alprazolam, 0.5 mg per day and diazepam,10 mg at night. After 4 days, he again reported at the clinic for extensive rashes with vesicles over his face, neck, thorax, oral and ocular involvement. Valproate was withdrawn immediately and he was advised to consult the dermatologist and to continue the rest of the medicines. The dermatologist advised injection dexamethasone, topical antibiotics, antihistaminics, topical steroids, and conservative management was done , on which the patient recovered completely and he had a symptom free maintenance.

On detail evaluation, it was revealed that the patient had reported at O.P.D. of the Dept. of Psychiatry for features of bipolar disorder, acute mania (talkative, impaired sleep, elated mood, involvement in pleasurable activities such as singing, increased motor activity, disturbed social and occupational functioning) from 1998. There was family history of bipolar disorder in maternal grandfather. He was admitted once and subsequently maintained only on conventional anti-psychotics until depressive phase.

DISCUSSION

In spite of the fact that Valproate and Lithium have been approved as mood stabilizers by the U.S.F.D.A. and are being extensively used throughout the World in clinical practice with definite benefits, periodic evaluation of cases, serum lithium monitoring is essential to avoid hypersensitivity reactions and toxicity, which will be beneficial for a better maintenance of the patients with an early diagnosis of the condition, if at all the patient develops Stevens Johnson Syndrome during the course of treatment.

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