Telaprevir-induced Stevens-Johnson Syndrome. A case report

Background
Telaprevir may cause skin rash, in up to 5% of cases it can be severe, and it may cause Stevens-Johnson Syndrome (SJS), a rare adverse reaction (≥1:10,000 to <1/1,000).

Purpose
To describe a case of SJS associated to treatment with telaprevir.

Material and methods
Patient chart was reviewed, a literature searching was performed and modified Karch-Lasagna algorithm was applied to measure causality degree.

Results
- 54 year old male diagnosed with chronic genotype 1 HCV, F4 liver fibrosis grade and null response to dual antiviral therapy in 2010.
- In November 2012, after a lead-in phase with adequate response, he initiated triple therapy with good adherence.
- Despite of ribavirin dose reductions, he required two blood transfusions because of severe anemia.

- In February 2013 he was admitted to hospital due to very pruritic and severe generalized rash in trunk and upper extremities, which was uncontrolled after 10 days of domiciliary treatment with topical corticosteroids.
- At 24-48h of admission he had a peak of 39°C fever and rash spread to face and oral mucosa, with confluent lesions, pustular and small blisters. During the acute phase of rash he experienced eosinophilia.
- Clinical situation was compatible with SJS without systemic involvement.

- Telaprevir was discontinued and topical treatment with betamethasone and fusidic acid, and a short cycle of intravenous methylprednisolone were started, followed by oral beclomethasone.
- Rash was resolved within seven days of treatment and only a mild residual hyperpigmentation was remained.
- At discharge, treatment with only topical fusidic acid was maintained.

Conclusion
The modified Karch-Lasagna algorithm establishes a "possible" relationship between SJS and treatment with telaprevir due to the existence of a temporal relationship between the start of treatment and rash appearance, as well as between treatment discontinuation and improvement of rash.

This reaction was reported to the Regional Pharmacovigilance Centre, using the yellow card system notification.