

Images in Infectious Diseases

Drug-induced hypersensitivity syndrome after initiation of darunavir and raltegravir

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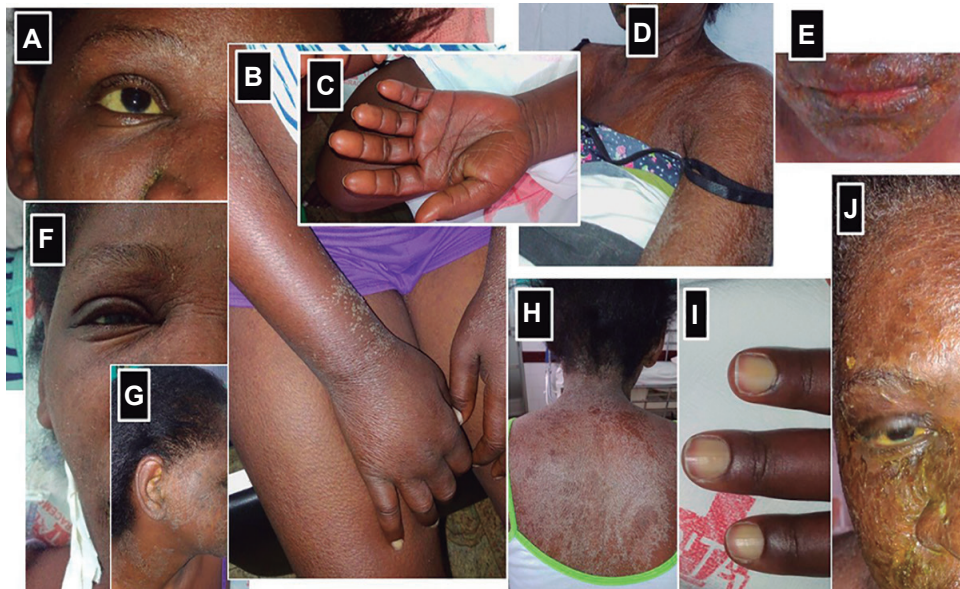


FIGURE 1

A 38-year-old HIV-infected African-Brazilian woman on virologic treatment failure presented with a 5-day history of fever, malaise, and a cutaneous eruption that started on the face. She appeared ill and icteric (**Figures A/C**), which she attributed to Zika virus infection. Five weeks previously, a novel genotype-guided antiretroviral combination (raltegravir and ritonavir-boosted darunavir) was initiated. Previous episodes of cryptococcosis left visual and auditory deficits. She had experienced multiple antiretroviral agents, and her CD4 count was 521/mm³.

The rash was characteristic of drug-induced hypersensitivity syndrome (DIHS): facial edema, mainly periorbital, with follicular accentuation (**Figures A/F**). Caudal progression

(**Figure B**), scaling (**Figure G-H**), cheilitis (**Figure E**), and Terry's nails (**Figure I**) followed. An ocular secretion gave the face a yellowish-crusted appearance (**Figure J**). There was leukocytosis without eosinophilia, elevated liver transaminases, and conjugated hyperbilirubinemia. She died of respiratory failure in the intensive care unit 9 days later.

Also known as a drug reaction with eosinophilia and systemic symptoms (DRESS), DIHS is a severe, idiosyncratic, multiorgan disorder that arises weeks after initiation of a drug. Eosinophilia is absent in approximately 40% of cases. Aromatic anticonvulsants are prominent culprits. Diverse antiretroviral and other antimicrobial agents may induce DIHS/DRESS^{1,2}. Raltegravir, the first HIV integrase inhibitor, is considered to have few adverse effects. Five previous cases of raltegravir-associated DIHS/DRESS were reported³. Notably, 5 out of 6 and 5 out of 5 cases occurred in women and patients of African ancestry, respectively (ethnicity unknown in one). The most important treatment intervention is early withdrawal of the offending drug.

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Conflict of interest

The authors declare that there is no conflict of interest.

Informed consent

Informed consent of the patient was obtained for publication of the case and images.

Notice

The present case was published in abstract form at the “Global HIV Clinical Forum – Integrase Inhibitors”, an international meeting held in Durban, South Africa, on July 16th, 2016 (Abstract O_06).

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