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Stevens–Johnson syndrome allegedly induced by herbal medicine
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Introduction
Stevens-Johnson syndrome (SJS) is a severe life-threatening skin condition with high mortality rate. Drugs are considered one of the most common causes of SJS. Herbal medicines may also be responsible for this syndrome even though there are only a few cases described in the literature. We report SJS occurring after administration of herbal medicine containing extracts from thuja (Thuja occidentalis), coneflower (Echinacea purpurea et pallida), and wild indigo (Baptista tinctoria) in the context of macrolide intake for current infection.

Case report
A 14-year-old boy with no history of pollen sensitization and atopy was prescribed a product of mixed herbs with proposed immunostimulating effect along with midecamycin treatment for fever and sore throat. Four days after initiation of therapy the child developed severe oral and genital erosions, bilateral conjunctivitis and worsened general condition. High fever and vomiting were accompanied by cough with purulent expectoration. Six days later, urticarial rash followed by “target” lesions on the face, trunk and limbs developed. Laboratory studies revealed markedly elevated erythrocyte sedimentation rate, mild proteinuria, hematuria, and leukocyturia. Systemic corticosteroids were used as a primary treatment and both herbal tablets and antibiotic were discontinued. The general symptoms quickly resolved and the skin and mucosal lesions completely epithelialized within two weeks.

Conclusion
SJS is a dermatological emergency that may result in severe morbidity and mortality. A comprehensive literature review revealed only isolated reports of SJS induced by herbs. In recent years herbal medicine consumption has increased while the safety of herbal drugs remains underinvestigated. In the present case, the intake of herbal tablets was combined with macrolide antibiotic, which could also be suspected as inducing agent. As macrolides have an excellent safety record with very few allergic or pseudo-allergic reactions, we rank midecamycin second to the herbal mix in terms of possible cause of SJS in our case. On the other hand, extracts from Echinacea spp., Echinacea purpurea and Echinacea pallida in our case, as well as wild indigo extracts, are increasingly reported to cause severe allergic reactions. In cases of multicomponent therapy, it is a challenge to identify the offending agent, and subsequent treatments strategies in these patients should be carefully tailored.