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Rhabdomyolysis as a manifestation of anticonvulsant hypersensitivity syndrome

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Anticonvulsant hypersensitivity syndrome (AHS) is a multisystemic disorder with cutaneous changes and typical blood abnormalities that may be triggered by any of the aromatic anticonvulsant drugs. Hepatic involvement has the highest degree of occurrence in internal organ involvement. Rhabdomyolysis is a rare manifestation of AHS. We present the case of a patient who, following phenytoin treatment, developed AHS with rhabdomyolysis. 21 year-old woman was hospitalized with fever, rash, myalgias, and marked periorbital and facial edema two weeks after beginning phenytoin therapy due to status epilepticus. Her hospital course was marked by an increased serum creatine phosphokinase level of 8,576 IU/liter. Peripheral blood cell counts showed eosinophilia (1,100/microliter) and thrombocytopenia (112,000/microliter). Liver function test revealed increased GOT/GPT (1,011/611 IU/L) and hyperbilirubinemia (TB/DB=2.9/1.6 mg/dl). After the withdrawal of phenytoin and treatment with oral prednisolone for three weeks, her skin lesion and laboratory abnormalities were improved.

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Urticaria to Cetirizine and Hydroxyzine

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Topical application of the antihistamines commonly leads to sensitization, but urticaria provoked by their systemic use is very rare. Cetirizine and hydroxyzine are piperazine-derivatives, on the structural basis of an ethylenediamine, but the cross-reaction between them has rarely been reported. A 22-year-old male with chronic idiopathic urticaria suffered from severe exacerbation of generalized urticaria after administration of cetirizine. Previously, he was diagnosed as asthma, allergic rhinitis, aspirin idiosyncracy (urticaria/angioedema), hypersensitivity to monosodium glutamate, and chronic idiopathic urticaria. He had frequently taken cetirizine and hydroxyzine without aggravation of symptoms and was on loratadine for recent 3 months. He was prescribed with cetirizine and montelukast 1 day ago due to aggravation of nasal and asthma symptoms and he presented with generalized urticaria 4 hours after the administration of those drugs. Double-blind placebo-controlled challenge tests were performed with montelukast and antihistamines such as cetirizine, hydroxyzine, loratadine, fexofenadine, chlorpheniramine, and ebastine. As a result, hydroxyzine and its active metabolite, cetirizine, reproduced the urticaria whereas other drugs including placebo showed negative results. He was given the diagnosis of urticaria from cetirizine and hydroxyzine. To our knowledge, this is the first case of generalized urticaria due to cetirizine in Korea. We suggest that identification of uncommon adverse reactions of H1 blockers is important, particularly because they may mimic the aggravation of underlying disease.