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Dermatology

A Case of Kaposi-Juliusberg Syndrome Complicating DRESS Syndrome

M. EL AMRAOUI[1], Abdourahman MOUSSA[1]*, H. Hassan[1], R. Frikh[1], N. Hjira[1]

[1]Department of Dermatology, Mohammed V Military Teaching Hospital, Rabat, Morocco

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***Corresponding author:** Abdourahman MOUSSA
Department of Dermatology, Mohammed V Military Teaching Hospital, Rabat, Morocco

Abstract | **Case Report**

Kaposi-Juliusberg syndrome (eczema herpeticum) and DRESS (Drug Reaction with Eosinophilia and Systemic Symptoms) syndrome are two severe dermatological emergencies. Their rare, if not exceptional, co-occurrence carries high morbidity and requires urgent, adequate, and proactive management. We report an original case of DRESS syndrome complicated by Kaposi-Juliusberg syndrome.

Keywords: DRESS syndrome, Kaposi-Juliusberg, herpes virus.

INTRODUCTION

DRESS syndrome is a severe drug reaction triggered by herpes virus reactivations. Kaposi-Juliusberg syndrome is a viral superinfection (herpetic eruption) overlaying a pre-existing erythematous dermatosis.

CASE REPORT

A 38-year-old male patient, followed in nephrology for ANCA-associated renal vasculitis at the stage of early renal impairment, was admitted to our department for the management of confirmed allopurinol-induced DRESS syndrome (meeting 7 diagnostic criteria). He was started on systemic corticosteroid therapy with a favorable initial response.

Three weeks later, the patient developed generalized erythroderma, a high fever of 40°C, and the sudden appearance of varioliform erosive vesicles on the face, neck, trunk, and scalp. A clinical diagnosis of Kaposi-Juliusberg syndrome was made and subsequently confirmed by Tzanck smear and viral PCR. Intravenous Acyclovir was initiated immediately.

The clinical course was marked by the resolution of the Kaposi-Juliusberg syndrome, alongside persistent DRESS syndrome activity (recurring flares). This necessitated prophylactic treatment with Valacyclovir, leading to complete remission at the 6-month follow-up.

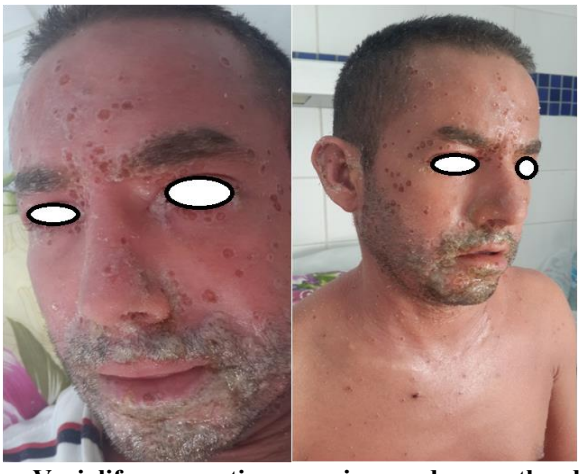

Figure: Varioliform eruption superimposed on erythroderma

DISCUSSION

The co-occurrence of Kaposi-Juliusberg syndrome and DRESS syndrome though pathophysiologically plausible due to a shared viral etiology remains extremely rare and, to our knowledge, has not been previously reported, highlighting the originality of this case [1,2].

The prognosis can be poor, as the complications of both syndromes do not merely exert an additive effect, but an exponential one that amplifies the immunological response and threatens the patient's life. The prognosis is further compromised when this association occurs in a vulnerable host, as seen in our patient. Death can occur secondary to hepatic, cardiac, renal, or neurological organ failure [3,4].

Management requires intensive care measures, organ support, immediate discontinuation of the offending drug, IV Acyclovir, systemic corticosteroids, and polyvalent intravenous immunoglobulins. The prolonged clinical course with successive flares justifies extended systemic corticosteroid therapy with a gradual taper combined with antiviral prophylaxis [5,6].

CONCLUSION

This association, while rare, should be kept in mind when facing any varioliform eruption that exacerbates or prolongs the course of DRESS syndrome.

Conflicts of Interest: The authors declare no conflicts of interest regarding this work.

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