Patch Testing as a Diagnostic Method for DRESS Syndrome That Brings Us Closer to a Certain Result: Letter to the Editor

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To the Editor:

The recent clinical report by García-Paz et al [1] on a case of DRESS syndrome due to amoxicillin makes for interesting reading. In this report, a 26-year-old man presented with a rash whose clinical phenotype (according to the RegiSCAR score and patch testing) were all suggestive of DRESS syndrome [1]. The authors highlighted the peculiarities of this index case, which included the following: early onset of symptoms (presumably due to previous exposure to the drug); need for an exhaustive allergology work-up to exclude other potentially involved agents; and planning for the potential utility of the same medication for future treatment. We strongly agree with this observation, although we would like to add that the adjudication process could be further enhanced by ascertaining the potential avoidability of exposure to the culprit drug in the first place. The concept of avoidability is a fast-evolving topic in pharmacoepidemiology [2-5]. We were the first to explore the potential utility of the well-validated Liverpool adverse reaction avoidability tool (LAAT) in patients with DRESS syndrome [6]. In our published report exploring the clinical utility of the LAAT in patients with DRESS syndrome (N = 16) and median (IQR) RegiSCAR and J-SCAR scores of 6 (5-6.8) and 5 (4-5.8), respectively, we found that about 60% of the DRESS syndrome drug pairs were rated as "avoidable" ("probable" or "definite"). The overall Krippendorff α using this tool was 0.81 (SE, 0.10; 95%CI, 0.59-1.00), with an intraclass correlation coefficient of 0.90 (95%CI, 0.77-0.96). The paradigm of avoidability holds that when adverse drug reactions do occur, the adjudication process must include a determination of whether indeed such ADR drug pairs were avoidable or not. The report by García-Paz et al highlighting a previous exposure event perhaps demonstrates the ever-increasing need for incorporation of avoidability into the management of DRESS syndrome and the determination of other adverse drug reactions. In our report, we modified the LAAT tool to incorporate both the RegiSCAR score and HLA B*58:01 status (Figure). In common with the

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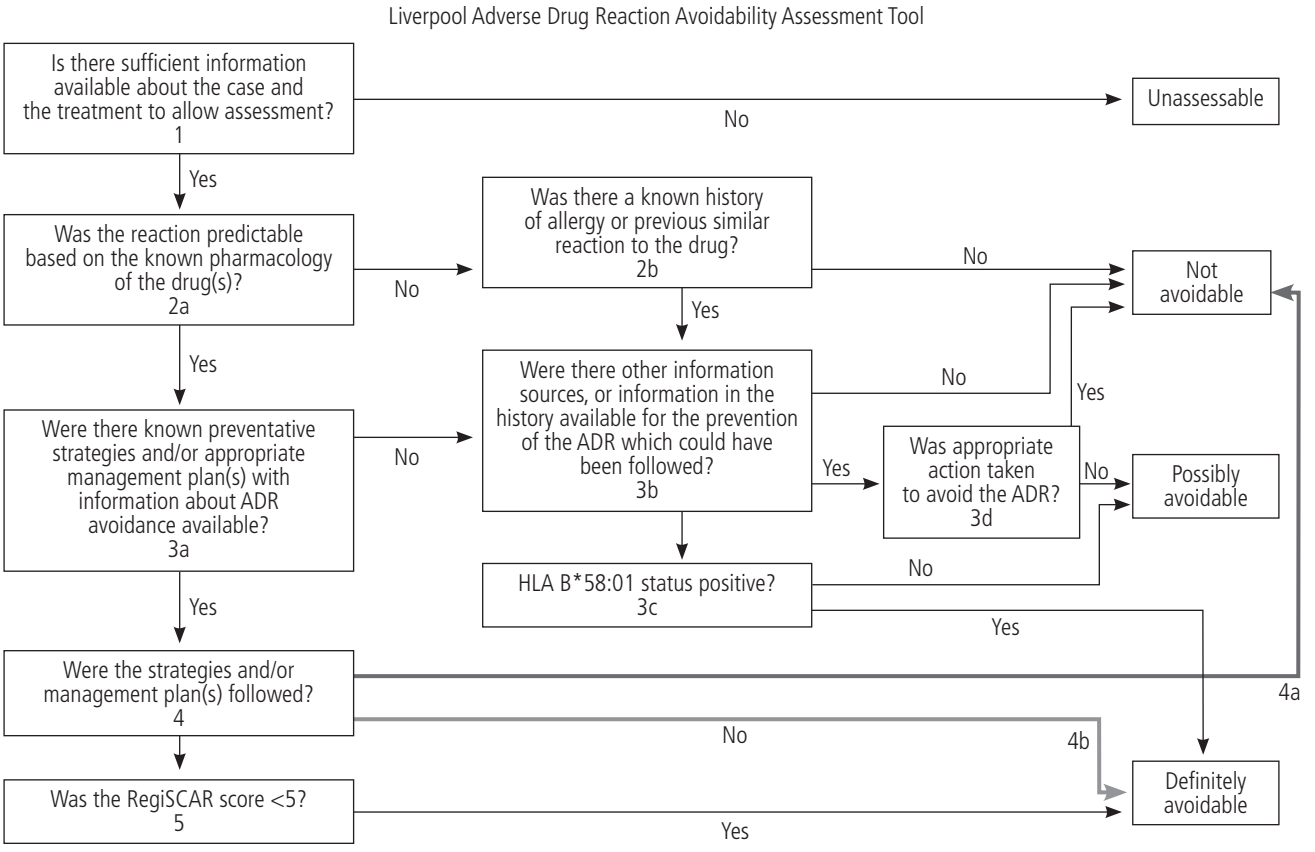

Figure. Schematic representation of the Liverpool Adverse Drug Reaction Avoidability Tool showing the path of determination of avoidability of DRESS syndrome-Drug pairs (adapted from [2, 6])

recommendation of García-Paz et al, we believe the addition of the above when confirming a diagnosis of DRESS syndrome (including, of course, exhaustive allergological profiling) will significantly reduce the uncertainty that still pervades determination of DRESS syndrome at the "coal-face".

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Conflicts of Interest

The authors declare that they have no conflicts of interest.

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