TAB VACCINE CAUSING ERYTHEMA MULTIFORME

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Five members of a family got TAB vaccination and one of them developed erythema multiforme which progressed to Stevens-Johnson syndrome. On recovery she was left with residual bilateral corneal opacities.

Key words : Erythema multiforme, TAB vaccination.

The cause of erythema multiforme (EM) remains unrecognised in most of the cases. In older patients, drugs and malignancy are known causes of EM, but in children the infectious diseases may be playing a role. Various infectious agents which are known to cause EM are; herpes simplex,[1] *Pseudomonas*,[2] *Mycoplasma*,[3] *Histoplasma*,[4] *Trichomonas*[5] and bacterial endotoxins.[6] Other reported causes of EM include vaccination for measles, mumps and rubella,[7] DPT vaccination[8] and drugs.[9] We are reporting the first known association of TAB vaccine with EM.

Case Report

A 4-year-old female was admitted with multiple vesiculo-bullous lesions all over the body for the last 4 days. It was accompanied by intermittent fever without rigors or chills. Within a day of admission, she developed redness of eyes and ulcers in the mouth and lips. The skin lesions were mildly itchy and came in crops. There was no history of fever or drug intake prior to the onset of skin lesions. None else in the family developed fever or skin rash. There was no previous history of such episodes. General physical examination revealed hyperpyrexic state only. Systemic examination revealed no abnormality of cardio-vascular, respiratory, abdominal or central nervous systems. The skin had tense vesiculo-bullous lesions predominantly on the face, upper chest and hands. At some places, typical iris lesions were seen. Nikolsky's sign and bulla-spread sign were negative. The lesions were surrounded by erythema at places. The bulbar and palpaberal conjunctivae were congested and there was loss of superficial cells of cornea. The mucous membrane of mouth showed many superficial painful ulcers. The lips were covered with brownish crusts.

Her haemoglobin was 7.3 gm/dl, peripheral blood film showed toxic granules in neutrophils, TLC, DLC, blood urea, serum electrolytes, peripheral blood film for malarial parasite, complete urine examination and stool examination were normal. The blood culture for pyogenic organisms and enteric organisms was sterile. Skiagrams of chest and abdomen revealed no abnormality. But Widal test showed reactivity of TH upto 1/250 dilutions. Reactions to TO, AO and AH were negative. Conjunctival and skin swabs on culture revealed *Staphylococcus aureus* resistant to common antibiotics. Skin biopsy from a fresh vesicle showed changes of erythema multiforme. There were no acantholytic cells.

She was put on 20 mg of prednisolone and erythromycin systemically. But she showed no sign of improvement and the lesions went on increasing. Then she was given injection dexamethasone 4 mg per day, with injections of gentamicin and ampicillin along with topical skin and ophthalmic antibiotics. The skin lesions improved after 20 days but corneal opacities

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persisted in both eyes. Follow up for one year has not shown any recurrence.

Comments

This patient developed classical features of Stevens-Johnson syndrome and the most probable cause was TAB vaccine.

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