

ABSTRACT

Drug Utilization Study (DUS) in Erythroderma Patient (Study at Dermato-Venereology Department Dr. Soetomo Teaching Hospital)

Erythroderma is an inflammatory skin disorder caused by erythema and squama which involve more than 90% of the body surface. Although the etiology is often unknown, erythroderma may be a result of a drug reaction, underlying dermatoses and malignancy disease, so the physician, pharmacist and others must be able to recognize and to treat appropriately.

The objective of this study is to analyze the profile of drug utilization in erythroderma patient who hospitalized in Dermato-Venereology Department Dr. Soetomo Teaching Hospital Surabaya East Jawa, Indonesia during January 1, 2006 until January 31, 2010 (N=44). The study was performed by retrospective data with descriptive analysis.

The results showed that the main therapy used in erythroderma patient were corticosteroid as anti-inflammatory that was 0.5 to 3 mg dexamethasone with tapering off, topical hidrocortison-globenicol 2.5% (41%), antihistamines (mebhidrolin napadisilat) as antipruritus 50 mg three times daily (64%), immunosuppressive agent (methotrexate) 2.5 mg twice daily (11%), and antibiotic (erytromycin) for infectious cases. Supportive therapy included analgesic-antipyretics (eukinin, paracetamol), antacid and antiulcer (antacid, ranitidine), antinausea and vomiting agent (metoclopramide), supplement (KSR), hepatoprotective agent (curcuma) and others. 79% patients were cured and improved outcome based on laboratory data and clinical data included to the status of dermatology (erythema, squama, erosion, crusta, lichenification, fissure, and hyperpigmentasi, itching and decreased of the body temperature), laboratory data (WBC, ESR, HB, Glucose level, AST, ALT, albumin, serum electrolyte). Actual drug related problems (DRPs) 2 patients was experienced (5%) as the side effects of ciprofloxacin in the form of allergy that was getting worse in patient's erythroderma condition (drug induced).

Conclusion of this study were the common therapy used in erythroderma patient included an oral or/and topical corticosteroid (prednison, dexamethasone, methylprednisolone, etc), antihistamines and immunosuppressive agent related to patient's underlying diseases. Drugs induced erythroderma was a main precaution for this case.

Keyword: Erythroderma, Drug Utilization Study (DUS), corticosteroid, antihistamine, methotrexate, antibiotic, DRP, ciprofloxacin induced erythroderma