5PSQ-071 MULTIDISCIPLINARY MANAGEMENT OF DRESS SYNDROME: A CASE REPORT

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Background and Importance Dress Syndrome (DS) is a very rare but potentially life-threatening drug-induced hypersensitivity syndrome. It is characterised by an extensive skin rash associated with visceral organ involvement, lymphadenopathy, eosinophilia and atypical lymphocytosis.

Drugs most frequently associated with DS are allopurinol and dapsone. Other less frequently associated are beta-lactam antibiotics.

Aim and Objectives Describe the case of a patient with surgically removed squamous cell carcinoma (SCC) who develops surgical wound infection and the multidisciplinary intervention for its management.

Material and Methods We conducted a retrospective descriptive study in a patient in treatment with antibiotics who developed DS. Data were obtained from Diraya (digital clinical history). Literature review was performed in UptoDate.

Results The case of a 70 year-old female patient diagnosed with SCC is presented. No episodes of allergy to beta-lactam antibiotics was previously described. Patient underwent surgical treatment on 1 February 2023. Bacterial growth was isolated and ceftazidime was started according to the antibiogram. On 16 February 2023 purulent material was collected after opening the dura mater. A **literature review of the available evidence for suspected infection meningeal with recent surgery was performed. Treatment with ceftazidime or carbapenemics was recommended.** *Pseudomona aeruginosa* resistance to ceftazidime was isolated on 23 February 2023 and antibiotherapy was modified to meropenem.

After several days of treatment, a torpid clinical course was observed with elevation of C-reactive protein, deterioration of renal function, transaminases increased, leucocytosis, eosinophilia and appearance of erythematous macules. An atypical DS was diagnosed (3/7 diagnostic criteria score). **We performed a review of the possible causes that could be associated with DS, as well as a medication review. Technical sheets of ceftazidime and meropenem were reviewed. In both DS is described with an unknown frequency.** Naranjo algorithms establish the causality relationship between the two (score of 2). The Spanish Pharmacovigilance Centre was notified. Multiorgan failure compatible with sepsis was observed and the patient died three days later.

Conclusion and Relevance DS should be considered in patients with eosinophilia, skin rashes and internal organ involvement when associated with recent beta-lactam antibiotics treatment in the absence of other causes. Early detection of DS is essential to avoid a fatal outcome.

The pharmacist's collaboration in multidisciplinary teams and the monitoring of possible adverse events associated with drugs is essential.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-072 TREATMENT WITH GALCANEZUMAB IN REAL-WORLD DATA: SAFETY

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Background and Importance Galcanezumab is a recombinant humanised monoclonal antibody that binds to calcitonin gene-related peptide (CGRP). It is used for the prophylaxis of chronic migraine in adults due to It has demonstrated its safety and effectiveness in reducing the frequency of episodes and improving patient functionality in the EVOLVE-1, EVOLVE-2 and REGAIN studies. However, there is no evidence on its effectiveness, tolerance and causes of treatment limitation in a real-world data.

Aim and Objectives To describe the frequency of discontinuations of treatment with galcanezumab and evaluate the causes responsible for these suspensions in our patient cohort.

Material and Methods Observational, retrospective and descriptive study developed with patients diagnosed with migraine who have received treatment with galcanezumab and it has already been suspended at the time of the study (September 2023) under follow-up by the pharmacy service of a tertiary hospital (years 2020–2023). Variables collected: demographic (sex and age) and clinical (duration of treatment with galcanezumab, diagnosis, monthly migraine episodes, previous treatments, rate reasons for discontinuation: low effectiveness, defined by a reduction below 50% in migraine attacks, intolerance and personal decision).

Results 110 patients were studied, all of them with a diagnosis of chronic migraine. 76.5% women. Mean age: 44.7 years (22–75).

Mean number of previous migraine episodes over 8 months. All of our patients had received previous treatment with three or more treatments (beta blockers, antiepileptics, antidepressants and botulinum toxin) without satisfactory experience.

17 patients discontinued treatment with galcanezumab in our hospital during the study period (15.5%). Suspension rates: 64.7% low effectiveness; 29.4% intolerance (local reaction: two patients; weight gain: one; constipation and generalised itching: one); 5.9% personal decision (upcoming pregnancy).

Conclusion and Relevance Galcanezumab has had a low dropout rate in our patients, making us consider it a safe drug in our cohort.

The percentage of suspensions due to drug intolerance has been very low, compared to the pivotal trials in which it represented the most frequent cause (mainly local reactions to the injection).

In routine clinical practice, we continue to monitor side effects of our patients.

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Conflict of Interest No conflict of interest.