Unithiol

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Stevens-Johnson syndrome (first report) in a child: case report

An 11-year-old boy began receiving oral unithiol [2,3-dimercaptopropane-1-sulfonate; DMPS] 200mg three times daily, after high mercury levels were observed in a 24-hour urine sample. He complained of abdominal pain and nausea following the first dose. Two weeks later he presented with a disseminated cutaneous eruption of red pruritic macules on his back and chest. He had a slight fever, sore gums and had reported not feeling well the week before. He was prescribed levocetirizine. After 3 days, the rash had spread all over his body and he developed erosions and crust on his lips with oral mucosal blisters. He was diagnosed with Stevens-Johnson syndrome (SJS) and unithiol was discontinued. Over the following week, his mucosal and skin lesions resolved.

Author comment: "*Besides DMPS, no other medication was taken. DMPS was, therefore, by far the most likely cause of SJS in this patient, as the rash developed about ten days after starting of DMPS therapy and readily resolved after its discontinuation.*"

Van Der Linde AAA, et al. Stevens-Johnson syndrome in a child with chronic mercury exposure and 2,3-dimercaptopropane-1-sulfonate (DMPS) therapy. Clinical Toxicology 46: 479-481, No. 5, Jun 2008 - Netherlands 801118271

» **Editorial comment:** A search of AdisBase, Medline and Embase did not reveal any previous case reports of Stevens-Johnson syndrome associated with unithiol. The WHO Adverse Drugs Reactions database contained two reports of Stevens-Johnson syndrome associated with unithiol.