Adverse Cutaneous Drug Eruptions
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Adverse Cutaneous Drug Eruptions

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As a result of improved treatment outcomes, longer patient survival, extended treatment courses, and polymedication of an ageing population, patients are exposed to drugs more frequently and for longer time periods, increasing the risk of sensitization to medications. As a consequence, the frequency of adverse drug reactions is regularly increasing.

The skin is one of the most frequently involved organs in adverse drug reactions. Cutaneous adverse reactions to drugs are observed in 0.1–1% of patients during premarketing clinical trials, and postmarketing analyses suggest that their incidence can be as high as 1–8% for certain types of drugs (NSAIDS, antibiotics, antiepileptics), and among hospitalized patients the incidence of these reactions ranges from 1 to 3%.

The majority of adverse cutaneous drug eruptions are benign in nature, comprised largely by the maculopapular type of drug eruption and urticaria. Nonetheless, studies suggest that roughly a third of drug eruptions require hospital management and are considered as severe, although fortunately only 2% of cutaneous drug eruptions are really life-threatening.

As a consequence, it is estimated that between 5 and 9% of all hospital costs are related to adverse drug eruptions, and – cutaneous adverse drug eruptions representing 20–30% of all drug eruptions – the burden of these on the health care system is considerable.

Although the pathomechanism of the benign and severe forms of cutaneous drug eruptions remains incompletely understood, great progress in this field of medicine has been made in the past few years. Improvements range from the clinical classification that is essential for a better understanding to the identification of genetic susceptibilities to certain drugs, and consequently the development of the first preventive genetic screening measures for selected patient groups and drug classes.

In this book, a selected group of experts have provided an up-to-date, condensed and clinically relevant overview of the field of cutaneous drug eruptions ranging from the epidemiological basics and novel knowledge of genetic predisposition to the available therapeutic measures including rapid drug desensitization.
We hope to provide physicians, be it generalists or specialists, and non-physicians (nurses and scientists) with a useful tool for a better diagnosis, understanding and management of cutaneous drug eruptions in daily practice.

*Lars E. French, Zurich*