

are first-line therapy of mild-to-moderate pediatric psoriasis and are tolerable. Phototherapy with narrowband UVB is beneficial in refractory cases but comes with safety and logistical concerns. Systemic drugs (e.g., methotrexate, cyclosporine) are attempted in severe disease but have organ-related toxicities. Biologics are promising in resistant cases and require long-term follow-through. Holistic management involves psychosocial management with family education and interdisciplinary approach.

Conclusion(s). Treatment for psoriasis in children cannot be limited to the management of physical symptoms. Individualization of therapy according to the child's developmental requirements, taking a safety approach towards years of planned therapy and psychosocial support remain the keys to optimizing the outcome.

Keywords: pediatric psoriasis, topical therapy, systemic therapy

STEVENS-JOHNSON SYNDROME AS A MANIFESTATION OF DRUG HYPERSENSITIVITY REACTION

Antonina Polizo, Alexandru Corlăteanu, Victoria Brocovschi

Discipline of pneumology and allergology, Medicine 1, USMF "Nicolae Testemițanu", Republica Moldova

Background. Stevens-Johnson Syndrome (SJS) is a rare but severe immune-mediated adverse drug reaction. It falls under the category of delayed hypersensitivity reactions and is characterized by the detachment of the epidermis and mucous membranes. Medications are the most common cause of Stevens-Johnson Syndrome.

Objective(s). We aimed to present a detailed clinical case of Stevens-Johnson syndrome that occurred in a 40-year-old patient, following the administration of an antibiotic from the fluoroquinolone class.

Materials and methods. A 40-year-old patient undergoing treatment with levofloxacin prescribed for otitis, admitted to the General Therapy and Allergology Department of the Timofei Moșneaga Republican Clinical Hospital on day 3 of treatment, with extensive cutaneo-mucous lesions characteristic of a severe cutaneous adverse reaction (SCAR).

Results. A 40-year-old patient, with no history of allergies, presents with generalized maculopapular rash, bullae, mucosal erosions, on day 3 of levofloxacin treatment for otitis. The cutaneous and mucosal manifestations were consistent with a severe drug-induced cutaneous adverse reaction. Laboratory investigations revealed an inflammatory syndrome with increased C-reactive protein and circulating immune complexes, both elevated threefold. Treatment included replacing levofloxacin with alternatives from other classes of antibiotics, systemic (prednisolone 0.5–1.0 mg/kg) and topical corticosteroids, with positive evolution.

Conclusion(s). SJS is a rare but severe condition that is frequently caused by medications. In rare cases, fluoroquinolones can cause delayed hypersensitivity reactions. It must be treated immediately in the hospital. Early recognition of symptoms and correct treatment are essential.

Keywords: delayed hypersensitivity, SJS, levofloxacin, allergy