

## INTISARI

**Latar Belakang:** DRESS (*Drug Reaction with Eosinophilia and Systemic Symptoms*) yang juga disebut sindrom hipersensitivitas obat adalah reaksi pada kulit dan sistemik yang disebabkan oleh suatu obat pencetus dengan komplikasi serius dan jangka panjang yang dapat berakibat fatal. Pengenalan dari kondisi ini sedikit sulit, dan kondisinya cukup langka. Manifestasi klinis yang paling sering terjadi berupa erupsi kulit morbilliform dengan demam dan limfadenopati. Tingkat keparahan sindrom ini terkait dengan keterlibatan sistemik, yang dapat menyebabkan kegagalan multi-organ. adanya keterlibatan organ dalam seperti hepatitis, nefritis, pneumonitis dan miokarditis. Pada pemeriksaan laboratorium pasien DRESS sering dijumpai kelainan hematologi berupa eosinofilia, limfositosis atau limfosit atipikal

**Tujuan:** Tujuan dari penelitian ini untuk mengetahui dan memahami gambaran klinis dari sindrom DRESS dan profil laboratoris dari sindrom DRESS pada pasien di RSUP Sardjito tahun 2016 – 2020.

**Metode:** Penelitian ini dilakukan dengan metode analisis deskriptif observasional dengan menggunakan data sekunder dari rekam medis RSUP Sardjito dari tahun 2015 – 2020. Kriteria inklusi subjek diambil berdasarkan keterangan kode diagnosis ICD10 DRESS, usia 0 – 75 tahun dan masuk kriteria RegiSCAR kategori *possible*, *probable*, atau *definite*. Kriteria eksklusi pasien dengan rekam medis tidak lengkap. Subjek dengan diagnosis DRESS diambil data dan dicatat dengan menggunakan *Case Report Form* untuk DRESS. Data akan dipresentasikan dalam bentuk tabel dan grafik.

**Hasil:** Pada kelompok karakteristik dasar pasien didapatkan golongan usia terbanyak mengalami DRESS adalah golongan usia 35-60 (57,4). Jenis kelamin yang paling banyak mengalami DRESS adalah perempuan (56,9%). Pasien DRESS dengan Riwayat komorbid sebanyak 72,3%. Dengan riwayat atopi (14,8%). Obat pencetus yang dicurigai paling banyak adalah antibiotik (70,2%). Gambaran klinis umum yang paling banyak terjadi pada pasien DRESS adalah demam sebanyak 78,8%. Jenis lesi kulit yang paling banyak terjadi adalah makulopapular (87,2%). Lokasi lesi paling banyak terdapat pada ekstremitas (97,9%). Lesi mukosa yang paling banyak terjadi adalah pada bibir (34%). Ketelibatan organ yang paling banyak yaitu pada ginjal (74,5%). Gambaran laboratoris yang paling banyak terjadi adalah eosinofilia sebanyak 100%.

**Kesimpulan:** Gambaran Klinis dan laboratoris di RSUP dr. Sardjito sangat beragam dan banyak terjadi pada golongan orang dewasa tua dan pertambahan kasusnya setiap tahun makin meningkat karena pemberian dan penggunaan obat-obatan seperti antibiotik yang masih terbilang cukup sering di RSUP. Dr. Sardjito.

**Kata Kunci:** DRESS, *Drug Reaction with Eosinophilia and Systemic Symptoms*, Gambaran Klinis, Gambaran Laboratoris.

## ABSTRACT

**Background:** DRESS (Drug Reaction with Eosinophilia and Systemic Symptoms), also known as drug hypersensitivity syndrome, is a skin and systemic reaction caused by a precipitating drug with severe and long-term complications that can be fatal. Recognition of this condition is a bit difficult, and the condition is quite rare. The most common clinical manifestations are morbilliform skin eruptions with fever and lymphadenopathy. The severity of this syndrome is related to systemic involvement, which can lead to multi-organ failure. The presence of internal organ involvement such as hepatitis, nephritis, pneumonitis and myocarditis. In the laboratory examination of DRESS patients, hematological abnormalities are often found in the form of eosinophilia, lymphocytosis or atypical lymphocytes

**Objectives:** The purpose of this study was to determine and understand the clinical features of DRESS syndrome and the laboratory profile of DRESS syndrome in patients at Sardjito General Hospital in 2016 – 2020.

**Methods:** This research is an observational descriptive analysis study using secondary data from the medical records of Sardjito Hospital from 2016 – 2020. Inclusion criteria of the subject were taken based on the description of the ICD10 DRESS diagnosis, aged 0 – 75 years and diagnosed with the RegiSCAR criteria in the probable, probable, or definite category. . Exclusion criteria were the patients with incomplete medical records. Subjects with DRESS diagnosis were taken and recorded using the Case Report Form for DRESS. The data will be presented in the form of tables and graphs.

**Result:** In the baseline characteristic group of patients, the group of age experiencing DRESS mostly in a group age of 35-60 (57.4). The gender that experienced of DRESS mostly was female (56.9%). DRESS patients with comorbid history (72.3%). With a history of atopy (14.8%). The most suspected precipitating drug was antibiotics (70.2%). The most common clinical manifestataion in DRESS patients was fever as much as 78.8%. The most common type of skin lesion was maculopapular (87.2%). Most of the lesions were located on the extremities (97.9%). The most common mucosal lesions were on the lips (34%). The most organ involvement was the liver (74.5%). The most common laboratory feature is eosinophilia as much as 100%.

**Conclusion:** Clinical and laboratory overview at RSUP dr. Sardjito is very diverse and often occurs in the elderly adult group and the number of cases is increasing every year due to the administration and use of drugs such as antibiotics which are still quite frequent in RSUP. Dr. Sardjito.

**Keyword:** DRESS, Drug Reaction with Eosinophilia and Systemic Symptoms, Clinical Features, Laboratory Features.