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Analysis of susceptibility genes of children with severe cutaneous adverse drug reactions

Yuan Liang

Capital Medical University, China

Severe drug eruption (severe cutaneous adverse reactions, SCAR) refers to a group of life-threatening severe cutaneous adverse reactions of drugs characterized by the skin and mucous membrane involvement which includes Steven-Johnson syndrome (SJS) and toxic epidermal necrosis necrolysis (TEN), drug rash with eosinophilia and systemic symptoms (DRESS) and acute generalized exanthematous pustulosis (AGEP). Severe drug eruption in children is a kind of severe drug eruption occurring within the age group of 14 years old. Because of the particularity of children, they are different from adults. The pathogenesis of severe drug eruption has not been fully elucidated, but pharmacogenetics studies have confirmed that some SCARs caused by specific drugs are associated with individual human leukocyte antigen (human leukocyte antigen, HLA) allele types. Associations of abacavir and HLA-B*57:01, carbamazepine and HLA-B*15:02, allopurinol and HLA-B*58:01, dapsone and HLA-B*13:01 were widely reported and the effectiveness have been confirmed. It is possible to detect the specific risk loci to prevent the occurrence of severe drug eruptions. However, the HLA allele has its own characteristics such as population heterogeneity (i.e., the same SCARs is different in different ethnic groups related to the HLA allele), non-uniqueness (i.e., the same HLA allele may be associated with different drug reactions, and different types of drugs reactions induced by the same drug may be associated with different HLA alleles). we need to find more relevant HLA risk loci that can trigger drugs-related SCARs and look for other susceptibility genes.

hxfamily@aliyun.com

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