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#### ABSTRACT:

Drug Rash with Eosinophilia and Systemic Symptoms (DRESS) syndrome reflects a serious hypersensitivity reaction to drugs, characterized by skin rash, fever, lymph node enlargement, and internal organ involvement. Numerous drugs such as sulfonamides, phenobarbital, sulfasalazine, carbamazepine, phenytoin and isoniazid have been reported to cause the DRESS syndrome. We report a case of DRESS syndrome from anti-TB therapy. A 56-year-old female presented the complaints of anasarca since 1 week, itching and erythema all over the body, shortness of breath. She had a past medical history of CKD, Tuberculous lymphadenitis (on treatment with AKT4) since 2 months, Hypothyroidism (on treatment with THYRONORM 75mcg). Patient was asymptomatic a week ago but gradually developed swelling and scratch marks all over the body. The haemoglobin levels were decreased (9.5gm%), increase in eosinophils count (39%), increase in serum creatinine levels (2.6mg/dl), increase in blood urea nitrogen levels (46 mg/dl). The patient was diagnosed as DRESS syndrome with evidence of increased eosinophils count from laboratory investigations due to the drug ISONIAZID and skin rash all over the body. Physician suggested to discontinue the AKT4 therapy. Identification and prompt withdrawal of ISONIAZID drug is the mainstay of treatment for patients with DRESS syndrome. DRESS syndrome is always considered when there is high eosinophil count and multisystem involvement with skin eruptions.

DRESS syndrome can be life threatening with certain drugs and infectious agents in individuals. It is essential to discontinue the causative medication and avoid re-exposure.

**KEY WORDS:** DRESS syndrome, ISONIAZID, Tuberculous lymphadenitis, hypersensitivity reaction.

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