Comment on "Abnormal erythrocyte morphology in drug reaction with eosinophilia and systemic symptoms"

To the Editor: We read with interest the article by Dorrell et al on abnormal erythrocyte morphology in drug reaction with eosinophilia and systemic symptoms (DRESS).[1] They found that patients with DRESS have a higher rate of abnormal erythrocyte morphology than patients with other drug eruptions. They also found that DRESS patients with abnormal erythrocyte morphology had a higher possibility of showing eosinophilia and hepatic involvement.[1]

However, the authors put all patients with a RegiSCAR (severe cutaneous adverse reaction) score ≥2 into their DRESS cohort, meaning that possible, probable, and definite cases of DRESS were all included. As such, this approach might have resulted in patients with diagnoses other than DRESS being taken into account. As members of the RegiSCAR group have stated before, the minimal score for validating a diagnosis of DRESS is probable, that means a score of 4 points.[2-4] Therefore, Dorrell et al should try to use more stringent criteria to define their DRESS patients, as the results from a different patient population might be misleading.

On the other hand, we agree with Dorrell et al's assumption that abnormal erythrocyte morphology might be due to disease involvement of the hematologic organ system. Atypical lymphocytosis is another hallmark feature of hematologic involvement in DRESS.[4,5] In addition, the presence of atypical lymphocytosis might be associated with the reactivation of herpes viruses in these DRESS patients. Therefore, it would be more supportive of Dorrell et al's assumption if the presence of abnormal erythrocyte morphology in their DRESS cohort showed positive correlations with the presence of atypical lymphocytosis or the reactivation of herpes viruses.

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Funding sources: None.

Conflicts of interest: None disclosed.

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https://doi.org/10.1016/j.jaad.2019.01.027