

SCoRCH (Sudden CONjunctivitis, lymphopenia, and Rash combined with CHanges in Hemodynamic): report of a case.

M. de Broqueville¹, MD, I. Ferreira², MD, L. Marot², MD, PhD, M. Baeck¹, MD, PhD, A. De Greef¹, MD, PhD

¹Dermatology department, Cliniques Universitaires Saint-Luc, Brussels, Belgium

²Pathology department, Cliniques Universitaires Saint-Luc, Brussels, Belgium

Introduction

SCoRSH (sudden conjunctivitis, lymphopenia, and rash combined with changes in hemodynamics) is a recently described entity within the spectrum of severe cutaneous adverse drug reactions. It typically presents acutely after exposure to certain medications, most frequently **trimethoprim-sulfamethoxazole (TMP-SMX)**. Systemic involvement can rapidly progress to organ dysfunction, making recognition and management critical.

Histopathology is non-specific (mild superficial perivascular dermatitis with eosinophils) but helpful to exclude alternative drug-induced eruptions. Similar reactions have been described with sulfasalazine, abacavir, and azathioprine, suggesting a shared immunologic pathway.

Case report

We report the case of a 56-year-old man hospitalized for *Escherichia coli* prostatitis and acute pyelonephritis, with a known penicillin allergy. Initial treatment with ciprofloxacin and TMP-SMX was ineffective. Therapy was switched to aztreonam with favorable evolution. On day 10, re-exposure to TMP-SMX triggered, within two hours, dyspnea, pruritus, rash, facial edema, fever (39.2 °C), and hypotension (93/38 mmHg). Laboratory investigations revealed marked lymphopenia, severe hepatic cytolysis, and elevated C-reactive protein. Skin histology was nonspecific but consistent with a cutaneous adverse drug reaction. The patient's condition improved rapidly after TMP-SMX discontinuation and administration of adrenaline.

Clinical pictures



Diffuse sun-burn like erythema on the trunk.



Erythema on the legs and facial oedema.

Discussion

A 2023 JAMA case series reported seven patients with a consistent syndrome occurring after TMP-SMX exposure.¹

Patients developed sunburn-like erythema, conjunctivitis, facial and acral edema, marked lymphopenia, and hemodynamic instability, sometimes associated with renal or hepatic dysfunction. Symptom onset occurred 4–11 days after first exposure and developed more rapidly in previously sensitized individuals. Clinical improvement was typically observed within 48–96 hours after drug discontinuation. The proposed mechanism involves a delayed hypersensitivity reaction with a rapid IL-6 increase, leading to increased vascular permeability and vasodilation.

Conclusion

In a patient exposed to TMP-SMX, the combination of sunburn-like erythema, conjunctivitis, facial and acral edema, lymphopenia, hemodynamic instability, and organ dysfunction should raise suspicion for SCoRSH. Awareness of this syndrome is essential, as early recognition and intervention can be life-saving.

References:

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