Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis (SJS-TEN)

The Facts

SJS and TEN are two rare but **LIFE THREATENING** skin conditions.

Classifications:
Less than 10% Body Surface Area (BSA): SJS
10-30% BSA: SJS-TEN Overlap
Greater than 30% BSA: TEN

There are about 1-7 cases per million people globally

While most patients recover, the death rate can be as high as 25%

Causes

It is most commonly caused by an extremely rare side effect of medicine and most likely to be developed in the first 8 to 10 weeks of use.

Here are some common examples:

Medication For Infections

- Trimethoprim-sulfamethoxazole
- Nevirapine: an HIV medication

Medication for Gout

- Allopurinol
- Medication used to prevent seizures, known as "anti-epileptic drugs"
- Carbamazepine
- Phenytoin
- Lamotrigine
- Phenobarbital

Non-Steroidal Anti-Inflammatory Agents (NSAIDs)

- Meloxicam
- Piroxicam
- Tenoxicam

Please note: Use of these drugs and presence of the symptoms listed does not necessarily mean you have SJS-TEN. If you have any concerns, please take them up with your healthcare professional for a proper diagnosis

Symptoms/Risk Factors

Early Symptoms

- Fever
- Headahce
- Cough
- Inflamed Red Eye
- Body Aches

Risk Factors

- Women are affected in a 1.5:1 ratio
- Incidence rises with age
- Immunocompromi-sed paitents are higher risk

Later Symptoms

- Flat, red rash that starts at the neck and spreads to the body
- Blisters that form and peel easily
- Blisters in the mouth, eyes and vagina
- Trouble breathing and swallowing

Treatment

Treatment typically occurs in a burn centre or ICU and includes:

- Discontinuing use of any drugs suspected of causing the disease
- Skin will regrow without skin grafts
- Fluids/salts that are lost are replaced through an IV
- Doctors may do a plasma exchange
- Doctors may give intravenous immune globulin for TEN to prevent damage by blocking antibodies
- Patients should receive pain relief and other relevant care

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