Stevens-Johnson Syndrome Canada

Stevens-Johnson Syndrome, Toxic Epidermal Necrolysis

Stevens-Johnson Syndrome (SJS) and Toxic Epidermal Necrolysis (TEN) represent different degrees of a severe, acute, life-threatening mucocutaneous reaction resulting mainly from drugs. SJS is life threatening, with blistering of the skin and eroding of mucous membranes (eyes, mouth, genitals).

The condition is rare, so it might be missed. Delay is a risk for a poor outcome. Perhaps 1 to 2 per million Canadians will be afflicted per year. There are genetic tests for some patients that might help reduce the risk.

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Stages

The term SJS is used when the disease involves less than 10 % of the total body surface area.

The term TEN is used when the disease involves more than 30% of the body surface area (can be 100%).

All patients with SJS/TEN will need to be treated in a Burn Intensive Care.

Causes

Of all cases, 80% are caused by an identifiable drug; 20% of cases are for reasons unknown.

Drugs are varied but anti-seizure medications, sulfonamides and allopurinol are top of the list.

Impact on the Patient's Quality of Life

Depending on the stage, many patients will die. For the 80% of patients who survive, there are life-long medical, physical, psychological traumas that persist.

Treatment

Treatment typically occurs in a burn centre or ICU and includes discontinuing use of any drugs suspected of causing the disease. Fluids/salts that are lost are replaced through an IV. Doctors may do a plasma exchange and may give intravenous immune globulin for TEN to prevent damage by blocking antibodies. Patients should receive pain relief and other relevant care. Skin will regrow without skin grafts.

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