



Jonathan Rosenfeld's Nursing Homes Abuse Blog

Poorly Monitored Medications May Put Children At Risk For Developing Stevens Johnson Syndrome

By **Jonathan Rosenfeld** on September 26, 2011

One of the most profound cases I worked on involved a girl who was prescribed Bactrim by doctors at a medical clinic for complaints of a sore throat following an outdoor soccer match in cool weather. Soon after taking the medication, the girl began to develop bumps on her throat, followed by a skin rash.

After several more visits to the clinic, the doctors advised the girls parents to continue with the Bactrim. Soon, the girl got progressively weaker and the rash progressed to the point where her skin had become so irritated that it was actually coming off and looked as though she was severely burned.

Obviously disturbed by their daughter's condition, the parents took the girl to a prominent university hospital. Soon after taking a history and conducting a physical examination, the doctors diagnosed the girl with Stevens Johnson Syndrome (SJS).

What is Stevens-Johnson Syndrome?

Unknown to many, **Stevens-Johnson Syndrome** ("SJS") is a systemic disorder that affects the skin and mucous membranes, usually caused by a severe drug reaction.

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SJS often begins with flu-like symptoms (fever, sore throat, cough, burning eyes), then progresses to red or purple rashes and blisters, especially around the mouth, nose, eyes.

These symptoms eventually lead to skin sloughing (the shedding of the top layer of skin) because of cell death. Some patients with extreme cases of SJS appear as though they were severely burned due to the extensive skin loss. Depending on the severity of the reaction and the timeliness of medical treatment, **Stevens-Johnson Syndrome** can be deadly.

What causes Stevens-Johnson Syndrome?

Stevens-Johnson Syndrome is a hypersensitivity disorder usually caused by a reaction to a newly prescribed medication. Although any drug can cause SJS, several drugs are often associated with SJS including: anti-gout medications, non-steroidal anti-inflammatory drugs, sulfonamides and penicillins, and anticonvulsants.

Some drugs which have been associated with SJS that are frequently prescribed to children and young adults include:

- Advil
- Motrin / Children's Motrin
- Bactrim
- Septra
- Celebrex
- Bextra

Although **Stevens-Johnson Syndrome** is difficult to predict, there are several risk factors. These include existing medical conditions (pre-existing infections) and genetics (carrying the HLA-B12 gene). Still, there are no tests to help determine who is at risk for

SJS. To diagnose SJS, doctors conduct a physical exam and possibly a biopsy of the skin for further examination.

Children may be particularly susceptible to **Stevens-Johnson Syndrome** because many medical facilities fail to appreciate the risks of children developing this condition. Similarly, some medical facilities fail to consider some of the progressive complaints children may be making during the conditions on-set.

Treatment For Patients With Stevens-Johnson Syndrome

Treatment of **Stevens-Johnson Syndrome** often requires hospitalization, especially because of possible complications. These complications include a secondary skin infection, sepsis (bacteria entering the bloodstream, which can cause shock and even organ failure), eye problems (resulting from inflammation caused by any rash and blisters around the eyes), damaging lesions on internal organs, and permanent skin damage including abnormal coloring and scars.

The rash and blisters can take several weeks to heal, depending on the severity of the attack. In more severe cases, where lesions cover about a third of the body, it is referred to as Toxic Epidermal Necrolysis (TEN). If SJS is left untreated, it can result in death.

The main treatment of SJS includes stopping the use of any medications that could be causing the Stevens-Johnson syndrome. Further treatment includes fluid replacement and application of cool, wet compresses, accompanied by medication to ease itching and discomfort. These supportive treatments are often performed in burn units.

How To Prevent Stevens-Johnson Syndrome

It is difficult to prevent **Stevens-Johnson Syndrome** the first time because of how difficult it is to predict what will cause it; however, once a trigger is identified, that medication should be avoided in order to prevent further reactions. Because recurrences of SJS are often more severe, it is important to properly identify SJS

triggers.

In the case of children with Stevens-Johnson Syndrome, I commonly see medical staff failing to appreciate the severity of the child's initial reaction to the drug. This failure to appreciate the sequence of events-- in conjunction with administration of a particular drug-- frequently results in the misinterpretation of the initial SJS phases as an allergic reaction to the medication or as a general illness. In some cases, the delay in diagnosis has resulted in irreversible injury or death.

Legal Rights For Children Who Have Developed SJS

A child who has developed Stevens Johnson Syndrome, either while taking a drug at home--- or during an admission to a medical facility--- may be entitled to pursue a cause of action against the: medical facility, doctor or drug manufacturer. [Lawyers who handle SJS cases](#) can advise you of your child's potential claims.