Stevens-Johnson Syndrome And Toxic Epidermal Necrolysis Are Serious Drug-Induced Skin Reactions

SJS And TEN Differ In The Extent Of Skin Detachment, But Both Are Severe And Life-Threatening Drug Side Effects

(Posted by Tom Lamb at www.DrugInjuryWatch.com on December 30, 2010; see http://bit.ly/fCk4T5)

Stevens-Johnson syndrome (SJS) was first described in 1922, and toxic epidermal necrolysis (TEN) was first described in 1956.

SJS and TEN -- which, in essence, are different only by the extent of skin detachment -- have been increasingly recognized as rare (affecting approximately 1 or 2 people per 1,000,000 annually) but severe and life-threatening drug side effects. The average reported mortality rate for patients with SJS is 1% to 5%, and for TEN it is 25% to 35%.

We have written some previous articles about Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN).

A new article about these serious drug-induced skin reactions was published in the December 2010 edition of *Orphanet Journal of Rare Diseases.* This very thorough medical journal article includes a wide-ranging discussion of TEN and SJS -- going from "Clinical Features" to "Etiology and pathogenesis" to "Diagnosis and diagnostic methods" to "Management and Therapy" -- and concludes with 112 references.

From the Asbtract for this article, "Toxic epidermal necrolysis and Stevens-Johnson syndrome", we get these fundamenatal facts:

- [TEN and SJS] are characterized by mucocutaneous tenderness and typically hemorrhagic erosions, erythema and more or less severe epidermal detachment presenting as blisters and areas of denuded skin.
- Diagnosis relies mainly on clinical signs together with the histological analysis of a skin biopsy showing typical full-thickness epidermal necrolysis due to extensive keratinocyte apoptosis. Differential diagnosis includes linear IgA dermatosis and paraneoplastic pemphigus, pemphigus vulgaris and bullous pemphigoid, acute generalized exanthematous pustulosis (AGEP), disseminated fixed bullous drug eruption and staphyloccocal scalded skin syndrome (SSSS).
- Several drugs are at "high" risk of inducing TEN/SJS including: Allopurinol, Trimethoprim-sulfamethoxazole and other sulfonamide-antibiotics, aminopenicillins, cephalosporins, quinolones, carbamazepine, phenytoin, phenobarbital and NSAID's of the oxicam-type.

The full-text (PDF) version of "Toxic epidermal necrolysis and Stevens-Johnson syndrome" is available for free online for those interested in learning more about TEN and SJS, two rare but potentially fatal drug adverse reactions.

Attorney Tom Lamb represents people in personal injury and wrongful death cases involving unsafe prescription drugs or medication errors. The above article was posted originally on his blog, **Drug Injury Watch** – with live links and readers' Comments.
http://www.DrugInjuryWatch.com