STEVENS-JOHNSON SYNDROME

Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are variants of the same rare, severe, and potentially fatal skin condition involving sheet-like loss of epidermal and mucosal tissue, accompanied by other systemic symptoms. Over 80% of cases are the result of an adverse drug reaction.

Disease progression

Non-specific symptoms → **Appearance of skin lesions on upper body** → **Spread and progression of blistering, sloughing lesions**

- Fever
- Malaise
- Cough
- Rhinitis
- Myalgia

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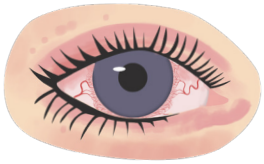

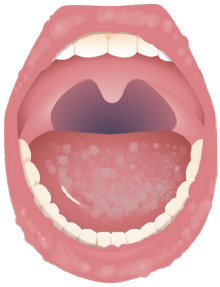

- Targetoid rash
- Mucosal ulcerations

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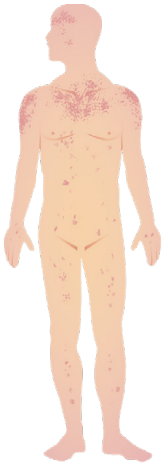

- Large, painful erosions
- Easy sloughing of skin
- Compromised skin and mucosal barriers

Classification
Based on % affected surface area

< 10% SJS | **10–30% overlap SJS/TEN** | **> 30% TEN**

Common medication triggers

- Anticonvulsants
- Alopurinol
- Sulfonamides
- Antibiotics
- NSAIDs

Genetic factors

Genetic factors may increase risk of SJS/TEN reaction. Family members of clients with SJS/TEN should be counseled regarding their risk and the associated medications.

Complications

Loss of protective skin barrier may lead to extreme dehydration, infection, sepsis, shock.

Mucosal damage affecting airway may require mechanical ventilation.

Acute organ dysfunction can affect pulmonary, cardiovascular, gastrointestinal, renal, and hematologic systems: may lead to multiple organ failure.

Damage to ocular tissue can cause blindness.

Treatment

If medication trigger is suspected, discontinue as soon as possible.

Supportive care:

- Fluid replacement
- Pain relief
- Nutritional support
- Supplemental O_2/ventilation
- Infection prevention

High-dose systemic corticosteroid therapy may be considered.

NOTES