

STEVENS-JOHNSON SYNDROME & TOXIC EPIDERMAL NECROLYSIS

Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are rare, serious, and potentially life-threatening skin conditions characterized by a painful rash and peeling of affected skin. Mucous membranes, including eyes, genitalia, and mouth, may also be affected. In SJS, 10% or less of the skin is affected. In TEN, 30% or more of the skin is affected.

These conditions are almost always an unexpected reaction to a medication. Antibiotics, anticonvulsants, and pain relievers are common triggers, although infections or other factors can also play a role. Patients may experience flu-like symptoms such as fever, malaise, myalgias, cough, and sore

throat for several days before the rash appears. Then a painful rash typically starts on the trunk before spreading to face and extremities. Lesions may appear red to violaceous with a targetoid shape, later forming large blisters, then finally sloughing.

Treatment for SJS and TEN starts with identifying and discontinuing the offending medication; it usually involves hospitalization and specialized care, including wound management, pain relief, and infection prevention. Complications can be severe and life-threatening, including sepsis, respiratory failure, and organ damage, especially in TEN cases.

Symptoms:

Flu-like

Fever, malaise, body aches, cough, sore throat

Cutaneous

*SJS: less than 10% surface
TEN: more than 30% surface*

- Red rash with concentric purple center (start symmetric in the face and upper torso)
- Blisters and sores on the skin and on mucus membranes (mouth, throat, eyes, genitals)
- Peeling skin

Causes:

Most cases

Allergic reaction to some antibiotics, anticonvulsants, and pain relievers; medication exposure

Some cases

Infections like mycoplasma, pneumonia, herpes and hepatitis A

18-year-old Black woman with SJS & TEN

