**Dermatology Guidelines – Stevens-Johnson Syndrome & Toxic Epidermal Necrolysis**

Acute cutaneous drug reactions are common in hospital. These guidelines will help you identify and manage two of the more severe types of cutaneous drug reaction.

**Stevens-Johnson Syndrome (SJS):**

Acute skin reaction characterised by:

* Mucocutaneous necrosis of at least two mucosal sites (eyes, lips, oesophagus, genitalia, upper respiratory tract)
* Widespread erythematous tender macules
* Flaccid blisters
* Target lesions

Note that in SJS <10% of the total body surface area is affected

**Toxic Epidermal Necrolysis (TEN):**

Characterised by sheet-like skin loss with >30% of the total body surface area affected.

Please note there is overlap between SJS & TEN (erythema multiforme is a similar condition and is characterised by target lesions on the skin).

**Erythema multiforme:**

This an acute self-limiting condition, characterised by target lesions on the skin and is usually caused by an infection (commonly HSV) rather than a drug. Occasionally there may be a few oral ulcers. This is a much milder condition and therefore these guidelines are not applicable, but a Dermatology referral should still be made.

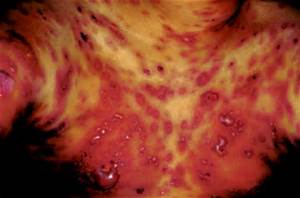
**Aetiology:**

Medications are the most common cause of SJS & TENS, with the following being particularly likely:

* Antibiotics: penicillins, cephalosporins and sulphonamides
* Anti-epileptics: carbamazepine, phenytoin and phenobarbital
* Allopurinol
* NSAIDs

If due to medication the reaction tends to be seen 3 days to 1 month after drug initiation

Infections can also cause the reaction and you should screen for herpes, mycoplasma and legionella if suspected, although this is much less likely than iatrogenic causes.

[](http://www.bing.com/images/search?q=steven+johnson's+syndrome+oral&view=detailv2&adlt=strict&id=16FF4B725741625F2C58791110C1C2B82ABAF31D&selectedIndex=19&ccid=cq9ePLqK&simid=608014434923185600&thid=OIP.M72af5e3cba8a847216090c3274145ec5o0)[](http://www.bing.com/images/search?q=steven+johnson's+syndrome&view=detailv2&adlt=strict&id=D6D2242A4B948547B6B7B7B2E9C6EB790322211D&selectedIndex=2&ccid=XUxBNCHI&simid=608023462941035730&thid=OIP.M5d4c413421c8fcab1cfd55e97b74d9f4H0)

**Please note that prophylactic antibiotics and steroids are not indicated**

SCORTEN score can be calculated to predict mortality:

Score one point for each of the following:

Mortality predicted by score:

0-1 >3.2%

2 >12.1%

3 >35.3%

4 > 58.3%

5 >90%

- Age >40

- HR >120

- Urea >10

- Glucose >14

- Bicarbonate <20

- Initial percentage of epidermal detachment >10%

- Presence of malignancy

**References:**

1. Creamer, D., Walsh, S. A., Dziewulski, P…. & Smith, C. H. (2016). UK guidelines for the management of Stevens-Johnson syndrome/toxic epidermal necrolysis in adults. *BJD.*
2. British Association of Dermatologists (BAD) guidance:
   1. [SJS/TEN Summary of Treatment](http://www.bad.org.uk/shared/get-file.ashx?id=3970&itemtype=document)
   2. [SJS/TEN PIL](http://www.bad.org.uk/shared/get-file.ashx?id=6451&itemtype=document)
   3. SJS/TEN discharge letter – [on BAD guidelines webpage](http://www.bad.org.uk/healthcare-professionals/clinical-standards/clinical-guidelines)