9 YEARS OF A SINGLE BURN UNIT MANAGEMENT OF TOXIC EPIDERMAL NECROLYSIS (207)

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Introduction: Drug-induced adverse reactions represent major health problems, with the skin being one of the most common targets. Approximately 2% of all drug-induced skin reactions are considered serious. Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) (Lyell’s Syndrome) corresponds to a rare and acute life-threatening mucocutaneous reactions characterized by extensive necrosis and epidermal detachment. Its pathophysiology is not yet well determined, although it is almost consensual the presence of an immunological basis. The disease usually requires treatment in burns units.

Methods: In a retrospective study over 9 years we evaluated all cases of these severe cutaneous reactions admitted in our Burns Unit. Patients were evaluated for age, gender, total body surface area (TBSA) involved, causing agentes, blood transfusion, dialysis, steroid administration, intubation, length of intensive care stay and death rate. Statistical analysis was done using SPSS statistical software.

Results: The highest mortality was in the age group older than 65 years and TBSA higher than 50%, mainly due sepsis. The highest mortality for causing agentes was found from antibiotic causing agent, the lowest from using non-steroidal anti-inflammatory drugs. More transfusions were done in age group older than 65 years.

Conclusion: Treatment includes mainly discontinuation of the offending drug and prompt referral to a burn unit to supportive therapy including dressing of denuded skin. Beyond that, however, considerable controversy exists. There are in study several therapeutical measures designed to lower the morbidity and mortality of this disease, namely the use of plasmapheresis, the administration of high doses of N- acetylcysteine; immunosuppression and hyperbaric system. Regardless, a better understanding of the underlying immunological mechanisms is required to identify appropriate therapeutic interventions, including timing and dosing, in order to establish a standard treatment protocol. Finally, clinicians must remain vigilant about drug hypersensitivity to prevent SJS/TEN.