



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

## **A MULTICENTRIC, PROSPECTIVE AND RETROSPECTIVE STUDY OF STEVENS JOHNSON SYNDROME (SJS), TOXIC EPIDERMAL NECROLYSIS (TEN) & SJS-TEN OVERLAP IN INDIAN SCENARIO**

*Jyothi Jayaraman<sup>(1)</sup> - Ramesh Bhat<sup>(1)</sup>*

*Father Muller Medical College, Dermatology, Mangalore, India<sup>(1)</sup>*

**Introduction:** Toxic epidermal necrolysis (TEN) & Stevens Johnson Syndrome (SJS) are severe adverse cutaneous drug reactions that are potentially fatal. Currently clinical and epidemiological data is mainly retrospective ; widely accepted consensus regarding management in India is limited.

**Objectives:** 1. To study the incidence of SJS, TEN, SJS-TEN overlap cases among inpatients in multiple hospitals across India (10yrs of retrospective and 1yr of prospective)  
2. To study the clinical profile of the patients, suspected causative drug, morbidity, mortality  
3. To study various treatment modalities

**Materials and Methods:** A total of 7 tertiary care hospitals across India contributed with the required data. All patients of SJS, TEN, overlap within 10 yrs prior to October 2015 and those in a period of 1year prospective from October 2015 were included. The data was analysed laying emphasis on clinical profile, causative drugs & various treatment modalities.

**Results:** A total of 148 patients with a male preponderance ( 59.2%). Commonest age group was 31-40 years. SJS contributed to 93 cases. TEN, overlap were seen in 32&23 cases respectively. Co morbidities associated were epilepsy(12.5%) & HIV infection(6.57%). Past history of SJS/TEN were present in 16.5% of while other types of drug reaction in 7.2% of cases. Most common drug rash noticed was maculopapular(47.8% ), target type (34.4%). Mucosal involvement was seen in 37.4% of patients with a predilection for oral mucosa. Among the 42 different drugs/combinations identified, Antimicrobials (Penicillin group, Fluoroquinolones) in 23.68%, Antiepileptics(Phenytoin, carbamazepine) in 21.7% and NSAIDs in 15.78% of cases. Most of the patients had a SCORTEN of 0-1 and low mortality of 1.35% was noted. Systemic steroids (83.5%) were most commonly employed for treatment.

**Conclusions:** Meticulous data entry and updates on newer drug reactions with changing





profile treatments of medical ailments, microbial profile, rise of HIV infection may help in curtailing morbidity in SJS/TEN.

