



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

CLINICAL ANALYSIS OF SEVERE DRUG ERUPTION TREATED WITH HEMOPERFUSION AND CONTINUOUS RENAL REPLACEMENT THERAPY COMBINED

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Background: Severe drug eruption is a serious dermatological disease with a high mortality rate. In recent years, international reports on the treatment of severe drugs such as blood purification methods have gradually increased. It is necessary to review and summarize the successful cases of clinical treatment in order to promote this method and treat more patients with severe drug eruptions.

Objective: The aim of this evaluation is to investigate the advantages of hemoperfusion(HP) combine continuous renal replacement therapy(CRRT) for the treatment of severe drug eruption.

Method: 10 cases of Stevens-Johnson syndrome (SJS) and 19 Toxic epidermal necrolysis (TEN) with favorable outcome after treatment from June 2009 to June 2013 were analyzed retrospectively by dividing the cases into a routine treatment group and a HP+CRRT group. The SCORTEN scores, the time prior to temperature normalization, the time prior to rash stabilization and the days of hospitalization were compared.

Result: There was no significant change between the two groups on SCORTEN scores before treatment ($P=0.0939$), but the expected morbidity in HP+CRRT group was higher than that of the routine treatment group. Meanwhile, the time prior to rash stabilization and the days of hospitalization was statistically significant ($P<0.05$ and $P=0.0327$, respectively) whereas no statistically different between the two group on the time prior to temperature normalization ($P=0.1365$). Furthermore, the difference in HP+CRRT group exhibited better performance on the parameters above.

Conclusion: HP combined with CRRT is beneficial for the treatment of SJS and TEN and may have better outcome compared with routine conservative therapies. It may shorten the duration of symptoms.

