

ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

CLINICOETIOLOGICAL STUDY OF SJS-TEN SPECTRUM AND CORRELATION BETWEEN SCORTEN AND PATIENT OUTCOME.

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Background: Steven Johnson syndrome - toxic epidermal necrolysis spectrum are rare, acute, serious, and potentially fatal skin conditions with a mortality ranging from about 15 to 60%. A 'severity of illness' score termed as SCORTEN has been developed to predict mortality in these cases.

Aims & objective: To study the various morphological patterns and etiology of Stevens Johnson Syndrome and Toxic Epidermal Necrolysis and to evaluate the accuracy of SCORTEN as prognostic marker in the outcome of patients with SJS-TEN spectrum.

Methods: A prospective observational study conducted over a period of 18 months which included all consecutively clinically diagnosed cases of Steven Johnson syndrome toxic epidermolysis spectrum. The duration of the rash, drug intake in prior 4 weeks, extent of epidermal necrosis or detachment, mucosal involvement and systemic symptoms were noted. 'SCORTEN' was assessed on day one, three and five to predict probable mortality, this data was then compared with ultimate outcome.

Results: Anticonvulsants (n=8;34.78%) were the most common drug implicated in the study followed by antibiotics (n=5;21.73%). Carbamazepine (n=5;21.73%) was the most common individual drug implicated followed by phenytoin (n=3;13.04%). Correlation between SCORTEN and patient mortality was statistically significant. Kruskal Wallis test was applied and there was no significant difference in the predictive value of SCORTEN on three days.

Conclusion: The clinical and etiological profile of the patients in our study is similar to the standard literatures. We assessed the performance of SCORTEN on 3 days in our patients and found that single day analysis is as good as the serial analysis especially in a resource poor setting.