ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

OUTCOMES OF STEVENS JOHNSON SYNDROME AND TOXIC EPIDERMAL NECROLYSIS IN HIV INFECTED PATIENTS WHEN USING SYSTEMIC STEROIDS AND OR INTRAVENOUS IMMUNOGLOBULINS IN PIETERMARITZBURG, SOUTH AFRICA

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Background: Stevens Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are severe life threatening muco-cutaneous reactions. There is ongoing controversy regarding the use of systemic corticosteroids and intravenous immunoglobulin (IVIG) in SJS/TEN and their utility in HIV infected patients.

Objectives: The objective was to assess the outcome of a combination of oral corticosteroids with intensive supportive care in SJS, and a combination of the latter with systemic steroids and IVIG for three consecutive days in HIV infected patient with TEN.

Methods: This was a retrospective study of 36 HIV infected adults with SJS/TEN admitted to a tertiary dermatology unit over an 18-month period. Standard of care protocols included identification and elimination of the possible causative drug, meticulous wound care without debridement, initiation of oral prednisone (1mg/kg/day) on admission for three consecutive days, and the addition of IVIG (1g/kg/day) for three consecutive days to only those with TEN. Demographics, drug history, SCORTEN (SCORe of Toxic Epidermal Necrosis) score, CD4 count, co-morbidities and complications were extracted from the clinical records.

Results: Thirty two of the 36 patients in the study were female, of which 50% were pregnant. The SCORTEN score correlated with the severity of the drug reaction but did not correlate with the CD4 cell count. The CD4 cell count did not correlate with the severity of the drug reaction or complications. Nevirapine was the commonest drug implicated. Tuberculosis co-infection did not increase the fatality rate. Complications included infections, anaemia, drug

induced hepatitis, ocular involvement, renal impairment, deep vein thrombosis, respiratory distress, leukopenia, gastritis and hypernatremia. The overall survival rate was 97%.

Conclusion: HIV infected SJS and TEN patients treated in a tertiary dermatology ward with an intensive supportive skin care regiment and a combination of systemic corticosteroids and IVIG respectively had a survival rate of 97%.