ABSTRACT BOOK ABSTRACTS



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

SEVERE CUTANEOUS ADVERSE REACTIONS (SCAR): WHETHER OR NOT TO USE SYSTEMIC CORTICOSTEROIDS? A RETROSPECTIVE STUDY OF 173 PATIENTS

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Introduction: Severe cutaneous adverse reactions (SCAR) to drugs are a crucial public health issue and the use of systemic corticosteroids in SCAR has been controversial.

Objective: To analyze clinical features, causative drugs, treatment, outcomes and prognostic factors of SCAR in the case-series of 173 patients, and add more information to the debate of using systemic corticosteroids in SCAR management.

Materials and Methods: A retrospective study of 173 SCAR patients diagnosed with drug reaction with eosinophilia and systemic symptoms (DRESS), Stevens-Johnson syndrome/ toxic epidermal necrolysis (SJS/TEN) or acute generalized exanthematous pustulosis (AGEP) at a tertiary care institution in China between January 2014 and December 2017 was conducted.

Results: Of 173 patients, allopurinol, carbamazepine and antibiotics are the most frequently implicated drugs for DRESS (40%), SJS/TEN (26%) and AGEP (40%) respectively. Moreover, there is a strong correlation between early corticosteroids use and the progression (P=0.000) and severity (P=0.001) of skin lesions. However, there is no association between early corticosteroids use and the mortality of SCAR [Odds Ratio: 1.01, 95% Confidence Interval: (0.95,1.08)]. In addition, lymphadenopathy, eosinophilia and interval from onset to corticosteroids treatment were correlated with SCAR prognosis.

Conclusions: Prompt short-course systemic corticosteroids use is associated with earlystage skin lesions remission without influencing the disease mortality. Lymphadenopathy and eosinophilia were the independent poor prognostic factors of SCAR.





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