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Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis: A Series of 11 Cases

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Introduction & Objectives: Epidermal necrolysis is a rare, severe cutaneous adverse drug reaction that encompasses Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN).

The objective of our study was to describe the epidemiological, clinical, and prognostic characteristics of this pathology, as well as to identify the most frequently implicated drugs

Materials & Methods: We conducted a retrospective descriptive study of SJS and TEN cases hospitalized in our department between March 2019 and January 2024.

All patients who met international diagnostic criteria for SJS/TEN were included in the study.

Results: A total of 11 cases were identified, including 4 cases of SJS, 6 cases of TEN, and 1 overlap syndrome, accounting for 17% of all drug-induced skin reactions.

The mean age was 45 years (range: 7–80 years), with a clear female predominance (80%).

Among the patients, 54.5% were hypertensive and 18% had pre-existing dermatological conditions, such as Rowell syndrome or bullous pemphigoid.

The most frequently implicated drugs were allopurinol, hydroxychloroquine, and lamotrigine, each accounting for 18% of cases, followed by antibiotics (including sulfonamides, secnidazole, cephalexin, cefotaxime, and amoxicillin), each responsible for 9.1% of cases.

The mean latency period between drug intake and symptom onset was 9 days (range: 1–21 days).

Mucosal involvement was present in 63.6% of patients, and cutaneous lesions were pruritic in 45.5% of cases.

Biological abnormalities were noted in the form of hepatic cytolysis (27.27%), functional acute kidney injury (18.2%), electrolyte disturbances (18.2%), and hypoproteinemia (9.1%).

In 36.4% of patients, progression to the more severe TEN form was observed.

Management consisted of immediate withdrawal of the suspected drug, local wound care (cutaneous and mucosal), correction of fluid and electrolyte imbalances, and systemic corticosteroid therapy in 80% of cases. Intravenous immunoglobulins (IVIG) were administered in a single TEN case at a dosage of 2 g/kg over 5 days.

The mortality rate in this series was 18.2%.

Conclusion: SJS and TEN are rare but severe cutaneous drug reactions that can be life-threatening. Further studies are needed to clarify prognostic factors and optimize therapeutic strategies.

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