Steven-Johnson’s Syndrome/Toxic Epidermal Necrolysis

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Male Mucositis Ibuprofen serosanguinous over trunk and mouth, draining to suspected drug allergy. (HR) 110 Sinus Rhythm, Day 9
Day 8
(CAP) versus Acute Exacerbation of Obstructive Pulmonary Disorder becomes detached. TENS has a 50% only 10% skin surface area involvement detachment. However, in SJS, there is necrosis" characterized by skin
necrosis which causes the TCR to be turned.

Case Resolution: 

Admittedly, the severe mucous membrane skin
lesions and symptoms can save lives. (Knight et al., 2014, p. 2)

Nurses lie on the forefront of reaction to drug allergy. Nurses also are heavily relied upon to hasten the removal of possible etiologies for the reaction. Nurses must be reached quickly to investigate and determine validity. (Cooper, 2012, p. 59)

In conclusion, SJS/TEN is a severely debilitating, potentially fatal hypersensitivity reaction that requires vigilant supervision and dedicated treatment. Recognition of the signs and symptoms of SJS/TEN is crucial; survival is substantially decreased by a delay in diagnosis. Early treatment and a multidisciplinary approach are essential to hasten the removal of the disease.

Causes

The main culprits of medication causes for SJS/TEN come from NSAIDs, antiepileptics and antibiotics. (Pakan et al., 2013, p. 56)

- Vancomycin-Itc
- Allopurinol
- Ibuprofen

Risk Factors

Male

Age 20-30

- Previously diagnosed malignant neoplasms, AIDS, lupus, and viral infections. (Knight et al., 2014, p. 2)
- Genetic predisposition to skin reactions to specific medications. (Korbosch, et al., 2012, p. 501)

Table 2

<table>
<thead>
<tr>
<th>Factor</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
<td>20-30 years</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td>Drug</td>
<td>Vancomycin</td>
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<tr>
<td>Cause</td>
<td>SJS/TEN</td>
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</tbody>
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Diagnosis

Firstly, the health care team must rule out other cases of cutaneous symptoms. "Patients should be tested with serologic tests (IgG and IgM) and PCR (to assess viral replication) for herpes simplex virus 1 and 2, varicella zoster virus, cytomegalovirus, and parvovirus B19, human herpes virus 6 and 7 and M. pneumoniae. (Ferreirós-Palacio & García-Patón, 2013, p. 10)

Additionally, "the scarce occurrence of the epidermis will make it difficult for the healthcare provider to identify the causative agent". (Cooper, 2020, p. 53)

References

- Cooper, P. J., & Sandy, W. (2012). Topical Therapy for SJS/TEN. Critical Care Nurse, 32(4), 52
- Frizon, C., Gomes, J., & M. (2014). Evaluation of...