Steven-Johnson’s Syndrome/Toxic Epidermal Necrolysis

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Case Study

Valproate and Vancomycin

Case Continued:

Day 10: 12:00pm - 72 hours after oral administration of antibiotics, has been found in the fluid collected from the tracheal aspirate (TA). Therefore, this patient has a possible exposure leading to suspected drug allergy.

WBC 18,000 / mm³

Temperature 101.8 degrees Fahrenheit

BP 130/80

SV 25

SpO2 92%

Lactic Acid 3.0 mmol/L

Diagnosis of TEN.

This patient has developed severe SJS/TEN.

Additional: Amiodarone IV started for a Fbr SV. At this time the health care team cannot start heparin because of suspicion of systemic lupus erythematosus (SLE).

Post now has over 50% epidermal loss due to sloughing mostly over trunk, neck and face. Due to increasing respiratory distress, patient is on fixed tidal volume, which will not mount signs and symptoms within days of exposure versus SJS/TEN, however, simple allergic reactions occur within hours of exposure.

Vancomycin is a broad spectrum antibiotic that will not mount signs and symptoms within days of exposure versus SJS/TEN, however, simple allergic reactions occur within hours of exposure.

Additionally, it is theorized that a severe hypersensitive immune response occurs in which keratinocytes are marked for apoptosis due to a genetic predisposition coupled with exposure to drug metabolites that are interpreted as immunogenic.

Implications for Nursing Care

Firstly, the health care team must rule out all causes of dysphagia: pain in the oropharynx, neck, hypopharynx, and larynx. Symptoms should be assessed and ruled out at the time of presentation.

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