

TOXIC EPIDERMAL NECROLYSIS: A CASE REPORT**Vaishnavi Reddy P.* and Katiki Anil Babu¹**¹Department of Clinical Pharmacy, ASTER CMI Hospital.Article Received on
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Corresponding Author*Vaishnavi Reddy P.**Department of Clinical
Pharmacy, ASTER CMI
Hospital.**ABSTRACT**

Toxic Epidermal Necrolysis is a rare life- threatening condition of skin and mucous membrane Often drug induced. Symptoms include fever, Malaise, flu-like symptoms, bullous, erosive lesions on areas of skin including oral region, red and Pain full eyes. Most common causes of this condition is due to use of certain medications such as Lamotrigine, Carbamazepine, Allopurinol, Sulfonamide, Antibiotics, Nevirapine^[1], vaccinations and Infections. This condition when complicated, leads to Pneumonia, multiple organ failure, Gastrointestinal hemorrhage, genitourinary and sepsis/death.

KEYWORDS: Toxic Epidermal Necrolysis, Lyell syndrome, erythematic, bullous, confluent blisters.

ABBREVIATIONS: TEN= Toxic Epidermal Necrolysis, C-RP= C - Reactive Protein, MDRO= Multi- Drug Resistant Organism.

INTRODUCTION

TEN is a rare potentially life- threatening skin disorder, characterized by wide spread erythematic, necrosis, bullous detachment of epidermis involving mucous membrane. This condition is also referred as Lyell syndrome, A syndrome in which large portion of skin becomes intensely erythematous with epidermal necrosis, and peels off.^[2]

TEN without spots defined as wide spread, large areas of erythematic with no discrete lesions, detachment of epidermis greater than 10% of body surface area. TEN with Spots is defined as wide spread, irregularly shaped erythematous, with confluent blisters, detachment of epidermis greater than 30% of the body surface area.

Most common causes of this condition includes Drugs (such as Anticonvulsants, Antibiotics, NSAID's, Chemotherapeutic agents), vaccinations and Infections. Symptoms include fever, Malaise, flu-like symptoms, bullous, erosive lesions on areas of skin including oral, and red, pain full eyes.

Plasmapheresis and hyperbaric oxygen, administering electrolytes and albumin proved to be useful. Employment of high doses of IV immunoglobulin is used to treat TEN.^[3] Presently Reporting a case report on a patient suffering from Lyell syndrome.

CASE REPORT

A Female patient aged 24years, was admitted in Dermatology department with the complaints of Fever, skin rash on face, limbs, trunk, also gritty, burning sensation in eyes and lesions on lips, Mouth. Patient was allergic to Lamotrigine, which is used for bipolar disorder).

On clinical Examination, it was known that multiple discrete, confluent vesicles, bullae with crusting and erosions on face, trunk, limbs present. It includes congestion of conjunctival mucosa with discharge and erosions on eyelids, lips, tongue, Buccal cavity, vaginal mucosa were present.

Vital signs were normal. But from Laboratory investigations, there was Slight decrease in Hb value(10g/dl), Increase in Monocyte count (17%), and Increase in C-RP value (14.9 mg/L).

Indicating that, this condition occurred due to Infection. Also, through MDRO Screening, Groin swab culture test resulted positive for MDRO. By these investigations, and evidences, patient was diagnosed with TEN and started with the IMMUNOGLOBULIN THERAPY and CORTICOSTEROIDS and TOPICAL LOTIONS as ADJUVANT THERAPY to prevent it from further complications.

Medications administered for treating Lyell syndrome, includes.

INJ. IMMUNOGLOBULIN 2.5gm/100ml vial for 3days.

INJ.DEXAMETHASONE 4mg TID , given for 3days to treat inflammation and allergic reactions on the skin.

EYEMIST GEL 10gm OD, given for 2days.

CALOSOFT LOTION 100ml BD, given for 1week, to treat the worsened skin condition. Eye drops, given Once a day, 4th hourly, to treat the burning sensation and irritation in the eyes.

RESULTS

Skin usually re-grows over 2-3 weeks, however, recovery takes months and most are left with chronic problems.^[6] This condition when complicated, leads to Pneumonia, multiple organ failure, Gastrointestinal hemorrhage, genitourinary and sepsis/death.

DISCUSSION

Mortality rates in children are much lower than in adults due to poor prognosis in adults. Estimated mortality rate was 10-70%.

Lyell syndrome or TEN, a mucocutaneous disease, usually provoked by administration of NSAID's, chemotherapeutics, anticonvulsants, or characterized by acute necrosis of epidermis.

Together with Stevens-Johnson Syndrome (SJS), it forms a spectrum of disease, with TEN being more severe. It is called as SJS, when less than 10% of skin is involved and an intermediate form with 10-30%.^[3] Those who survive the acute phase of TEN, often suffer from long-term complications affecting skin and eyes. Skin manifestations include scarring, eruptive melanocytic nevi, dyspareunia, vulvo vaginal stenosis.^[4] Ocular symptoms include dry eyes, photophobia, symblepharon, corneal scarring or xerosis and blindness.^[5] Similar conditions are; Staphylococcal epidermolysis, Chickenpox, Staphylococcal scalded skin syndrome, Autoimmune bullous disease.

Together with SJS, it affects 1 to 2 persons per million per year.^[1]

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