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## Management and outcome of Stevens-Johnson syndrome and toxic epidermal necrolysis in patients admitted to Kenyatta National Hospital

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**Statement of the Problem:** Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are severe cutaneous drug reactions requiring intensive care and protracted hospitalization. Local data on their characteristics, management and outcome are minimal. The purpose of this study is to identify the complications of SJS/TEN, management strategies employed and the effect of these on patient mortality.

**Methodology:** A retrospective cross-sectional study was conducted to determine the characteristics, management strategies and patient mortality associated with SJS/TEN in patients admitted to Kenyatta National Hospital from June 2006 to June 2016. Total population sampling was used to identify 115 patients with SJS/TEN. Data were extracted on the disease complications, management strategies employed and mortality status as an outcome of therapy.

**Findings:** Patients were predominantly managed using antimicrobials (16.4% of patients; 21.8% of whom received topical mupirocin). Fluid and electrolyte replacement, skin emollient with liquid paraffin, heat and cold regulation and corticosteroids were used to treat 15.3%, 13.4%, 11.1% and 9.4% of patients, respectively. The mortality rate was 21.7%. Significantly ( $p \leq 0.05$ ) higher mortality was associated with patients' place of residence, disease subclass, disease severity score, hypokalemia, dyspnoea, hematological disturbance, sepsis and dehydration. Conversely, use of total parenteral nutrition, anticoagulants for deep venous thrombosis prophylaxis and prolonged duration of therapy were associated with significantly ( $p \leq 0.001$ ) lower mortality. Mortality was not associated with administration of corticosteroids or antibiotics. Independent predictors of mortality were hypokalemia, dyspnoea, hematological disturbance and sepsis (all  $p \leq 0.05$ ).

**Conclusion & Significance:** The main management strategy used to treat SJS/TEN was antimicrobial prophylaxis. However, this had no correlation with mortality. Mortality was high and was attributed to the distant patient residence, severe disease and complications, suggesting that early recognition of these signs would avert mortality. Recommendations are made to formulate treatment guidelines based on the management strategies identified so as to have better outcomes for SJS/TEN.

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