

Results of Stevens-Johnson Syndrome Foundation SJS/TEN Registry

In 2003, The Stevens-Johnson Syndrome Foundation developed the first SJS/TEN registry to identify which medications have the highest incidence rate. To ensure accuracy, duplicates were removed from an original 4,687 registrants to get a total of 4,070 registrants. Our research found that SJS accounts for 64% of cases, TEN for 6%, and overlap syndrome (SJS-TEN) for 30%.

The majority of cases were females between the ages of 25 - 64 years old. Females account for 2,880 cases (71%), while males account for 1,191 cases (29%). Adults account for the majority of cases, 2,863 (70%), and children account for 1,198 cases (30%). Our research indicates there is a 1.13% mortality rate for SJS, TEN, and overlap syndrome.

Bactrim is the leading cause of SJS, TEN, and overlap syndrome, followed by Lamictal, Penicillin, Ibuprofen, and Tegretol. Our research indicates that approximately 14% of SJS, TEN, and overlap syndrome have no identifiable cause.



The above pie chart shows the percentages of implicated medications in SJS, TEN, and overlap syndrome. The Other category represents medications that are implicated in less than 1% of SJS, TEN, and overlap syndrome.



The above bar graph shows the number of cases each medication has been implicated in. The Other category represents medications that are implicated in less than 36 cases of SJS, TEN, and overlap syndrome.

The majority of SJS, TEN, overlap syndrome cases are reported in the United States, England, and Canada.



The above pie chart displays the percentage of the countries in which SJS, TEN, and overlap syndrome have been reported. The Other category represents countries in which less than 1% of SJS, TEN, and overlap syndrome have been reported.



The majority of reported cases occur in White ethnicities, followed by Black, Hispanic, and Asian/Pacific Islander.

The above pie chart shows the ethnicities which reported having SJS, TEN, and overlap syndrome.