

Stevens-Johnson Syndrome (SJS/TEN)

What is SJS?



Stevens-Johnson Syndrome (SJS) and Toxic Epidermal Necrolysis (TEN) are severe adverse reactions to medication and, in some instances, viruses and mycoplasma pneumonia.

According to the FDA, adverse drug reactions (ADRs) account for 2,216,000 hospitalizations each year

that result in injury or death, making it the fourth leading cause of death in the United States.

SJS/TEN is one of the most debilitating ADR's recognized. It was first discovered in 1922 by pediatricians Albert Stevens and Frank Johnson after diagnosing two children with severe ocular and oral involvement due to drug reactions.

What are the symptoms?

Recognition of the early symptoms of SJS and prompt medical attention are the most invaluable tools in minimizing the possible long-term effects of SJS.



- Rash, blisters or red splotches on skin
- Persistent fever
- Blisters in mouth, eyes, ears, nose or genital area
- Swelling of eyelids, red eyes, Conjunctivitis
- Flu-like symptoms
- Have recently taken a prescription or over-the-counter (OTC) medication
- Target lesions are not always seen in SJS/TEN!



IF YOU NOTICE TWO OR MORE OF THESE SYMPTOMS, CONTACT A PHYSICIAN IMMEDIATELY!

What are the causes?

- Almost any medication, including OTC drugs, such as ibuprofen, can cause SJS and TEN.
- The most implicated drugs are anti-convulsants (i.e. Lamotrigine), antibiotics (i.e. Sulfa, Penicillin, and Cephalosporin) and anti-inflammatory drugs.
- In rare cases, it has been caused by viral infections and mycoplasma pneumonia.

Who can get SJS and TEN?

Anyone can have SJS and TEN, no matter their age, race, or gender! It does not discriminate!

- There is a higher incidence of SJS/TEN in females.



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Treatment

The offending drug must be stopped immediately to prevent complications.

- Supportive care.
- IV fluids and high-calorie formulas are given to promote healing.
- Antibiotics are given when necessary to prevent secondary infections.
- Pain medications are given for comfort.
- Most SJS patients are treated in ICU, but TEN patients should be treated in a burn unit.
- Treatments can include pulse steroids, Immunoglobulin (IVIG), and Cyclosporine therapies.
- Dermatologists, ophthalmologists and infectious disease doctors should be consulted.
- If ocular involvement occurs, amniotic membrane grafts in the first 3 to 5 days of diagnosis may prevent serious eye damage.



Side Effects

- Blindness or Visual impairment
- Photophobia
- Dry eye syndrome
- Lung damage including Asthma and Chronic Obstructive Pulmonary Disease (COPD)
- Permanent loss of nail beds
- Scarring and hyperpigmentation
- Alopecia
- Arthritis
- Chronic fatigue



These are some of the side effects reported to the Stevens-Johnson Syndrome Foundation through our SJS registry.

Stevens-Johnson Syndrome Foundation

The Stevens-Johnson Syndrome Foundation is a non-profit organization founded in 1996. The purpose of the foundation is to provide the public and medical communities with information on adverse drug reactions. Our goal is to make the public aware of SJS and TEN, so that a quick diagnosis may be made and the offending drug stopped as soon as possible. We are working with medical professionals on SJS research to identify causes, genetic markers and treatment plans.