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Case Report on Stevan Jonson Syndrome

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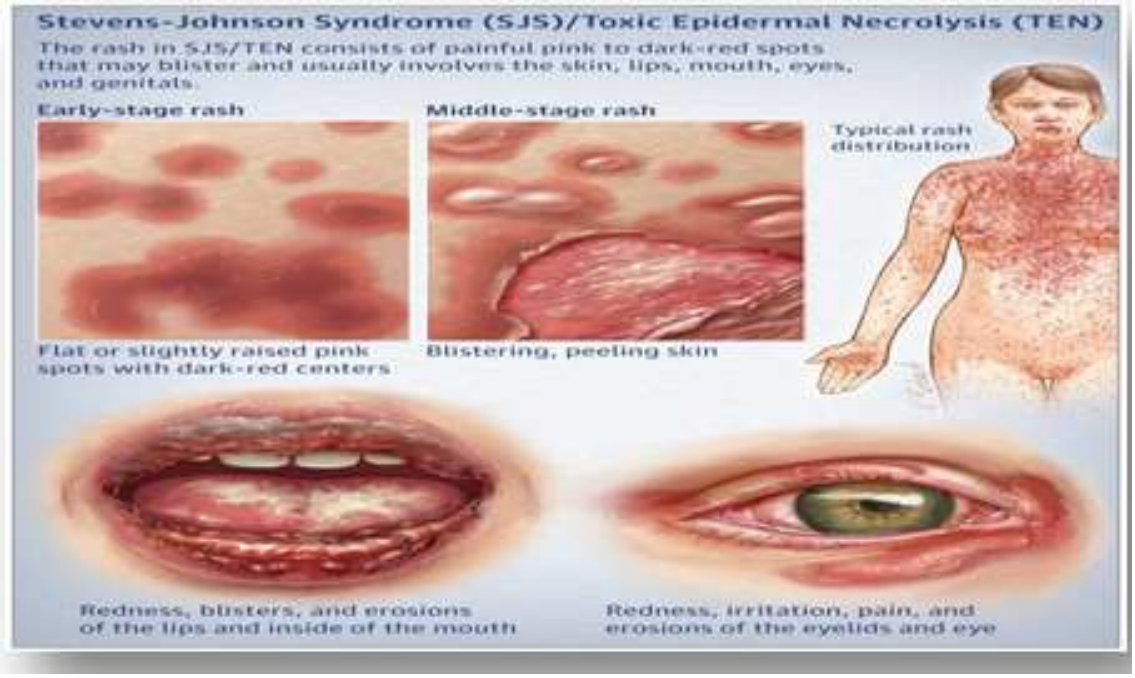
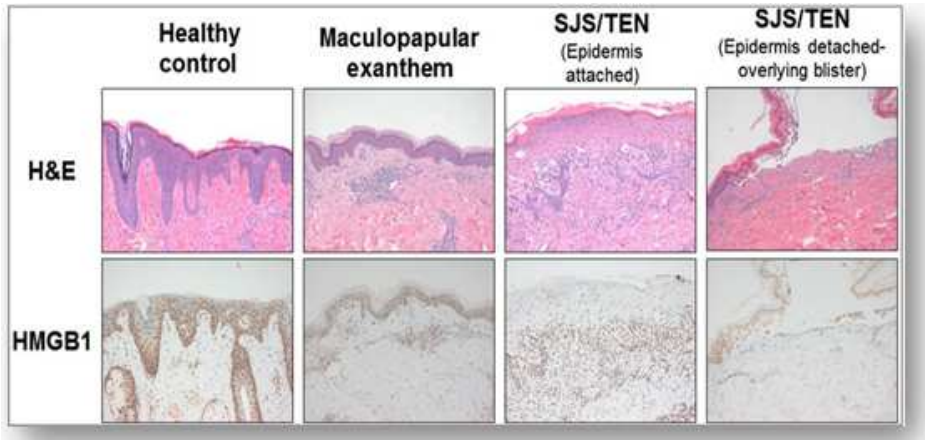
INTRODUCTION

Steven Johnson syndrome (SJS) is named after Steven and Johnson who coined the term in 1922. SJS is a sever hypersensitivity reaction that can be precipitated by infection, vaccination, systemic disease, physical agent, food and drugs. the drugs that cause SJS commonly are antibacterial(sulfonamide), anticonvulsants (phenytoin, Phenobarbital and carbamazepine), NSAIDs (oxidant derivatives) and oxide inhibitors(allopurinol). This syndrome may present as a nonspecific febrile illness (malaise, headache, cough, rhinorrhea) with oral and pre oral involvement, polymorphic lesion of skin and mucous membranes characterized by acute blister and erosion, it is rare condition with increase of 0.05 to 2 persons per million population per year.



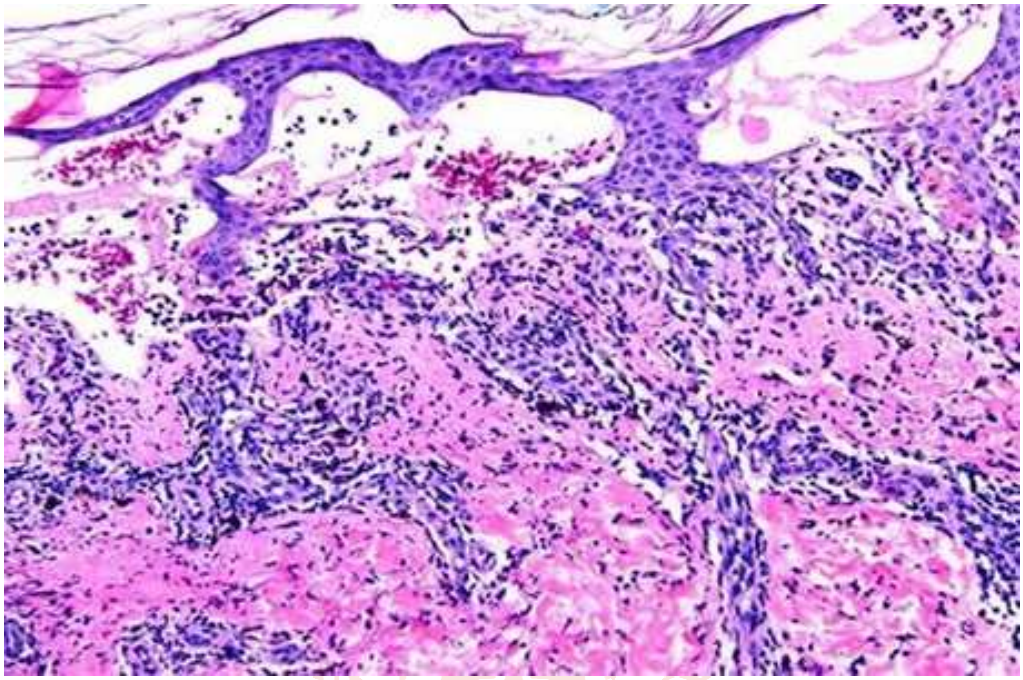
CASE DISCRIPTION

A 48 years old female patient care to emergency department, Saveetha college and hospital Thandalam with the chief complaints of swelling and vesicles all over the body since 2 days past medical history revealed new onset of seizure disorder on one month of regular treatment (drug. phenytoin).physical examination revealed, she look weak and dull, family history was not contributed, on external examination skin lesion with blister present all over the body, whereas intra oral examination revealed oral thrush and multiple painful ulcer on upper and lower labialize mucosa, multiple bulla scene over the forearm, anterior chest, gluteus region, and pedal edema present, his explained she had fever and last episode of seizure 10 days back and had gone to local clinic for the treatment, however she not able to tell the details of the medicine taken, after she developed severe itching and vesicle formation by ulceration overall the body, his symptoms may worsen, then she came toSaveetha hospital.



A skin biopsy features suggestive of "toxic epidermal necrosis" where she was diagnosed as having SJS/TEN syndrome and was treated for this condition.

HISTOLOGICAL EXAMINATION: KERATINOCYTE NECROSIS



CONCLUSION

Steven Johnson syndrome (SJS) is an acute self-limited disease presenting as severe mucosal erosion with widespread erythematous, cutaneous macular or atypical targets. Majority of the cases drug induced. The incidence of this disease is low but there is a significant impact on victims because of its extensive involvement of the body. Due to high risk of mortality, management of patient with SJS/TEN requires rapid diagnosis, identification and interpretation of the culprit drugs, specialized supportive care ideally in an intensive care unit and consideration of immunomdulatig agent such as high dose intravenous immunoglobulin therapy.

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