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Antibiotic induced toxic epidermal necrolysis: A case report

Toxic epidermal necrolysis (TEN) is severe cutaneous hypersensitivity reaction characterized by necrosis of epidermis and detachment of epidermis and dermis that usually occurs as an idiosyncratic reaction to certain drugs. Steven-Johnson syndrome (SJS) is condition when less than 10% of the skin is affected, SJS/TEN overlap when affected skin covers 10%-30% and TEN when more than 30% of skin is affected. We report the case of a patient admitted to our intensive care unit (ICU) after the above-the-knee amputation who developed toxic epidermal necrolysis. Before operation due to MRSA and *Citrobacter freundii* infection of the leg wound meropenem at 3g/day with vancomycin at 2g/day intravenously were started. Preoperative assessment revealed multiple confluent macular erythema, and bullous detachment of the epidermis over face, trunk and extremities, but predominantly on the chest and back. Above knee amputation was performed two days later in general anesthesia. After surgery patient was admitted to ICU where skin lesions continued to progress and in the next two days epidermal detachment progressed and macular erythema and bullous skin lesions affected more than 50% of the total body surface area. Given the rapid progression of

the oral erosions and desquamation on most of the patient's body surface area led us to probability of the diagnosis of TEN. Since it was assumed that the antibiotics caused TEN, all antibiotics were excluded from the therapy. Our therapy for TEN included a combination of intravenous immunoglobulin with gentle early debridement of necrotic skin areas followed by wound coverage with synthetic cover (Aquacel Ag®). The dressings were changed periodically following cleaning with saline and gentle debridement of exfoliated epidermis. After 15 days of local therapy, almost full reepithelialization was achieved. This case-report suggests that intensive wound management together with intravenous immunoglobulin might be beneficial in the treatment of patients with TEN.

Speaker Biography

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