



# Burn Center Referral of Patients with Suspected Stevens-Johnson Syndrome And Toxic Epidermal Necrolysis

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## Introduction

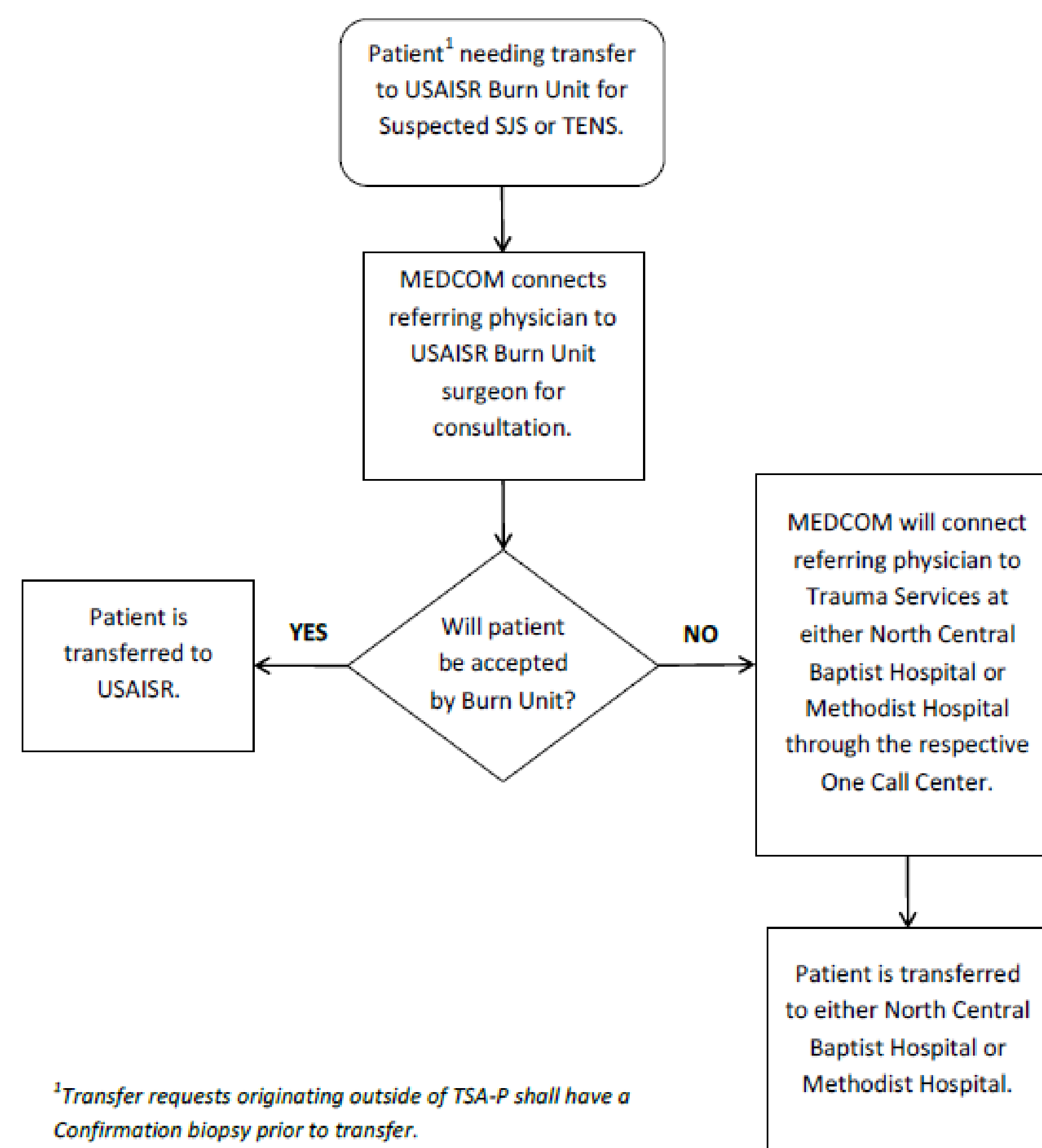
- Stevens-Johnson Syndrome (SJS) and Toxic Epidermal Necrolysis (TEN) are rare but life-threatening desquamating skin diseases
- Often triggered by medications
- Characterized by cutaneous and mucous membrane sloughing which requires meticulous wound care often found in burn centers
- Other drug reactions and skin conditions share similar features to SJS/TEN but do not require specialized burn care

## Objectives

- Identify the incidence of patients referred for suspicion of SJS/TEN that were confirmed to have the disease
- Compare demographic characteristics and outcomes between the populations

## Methods

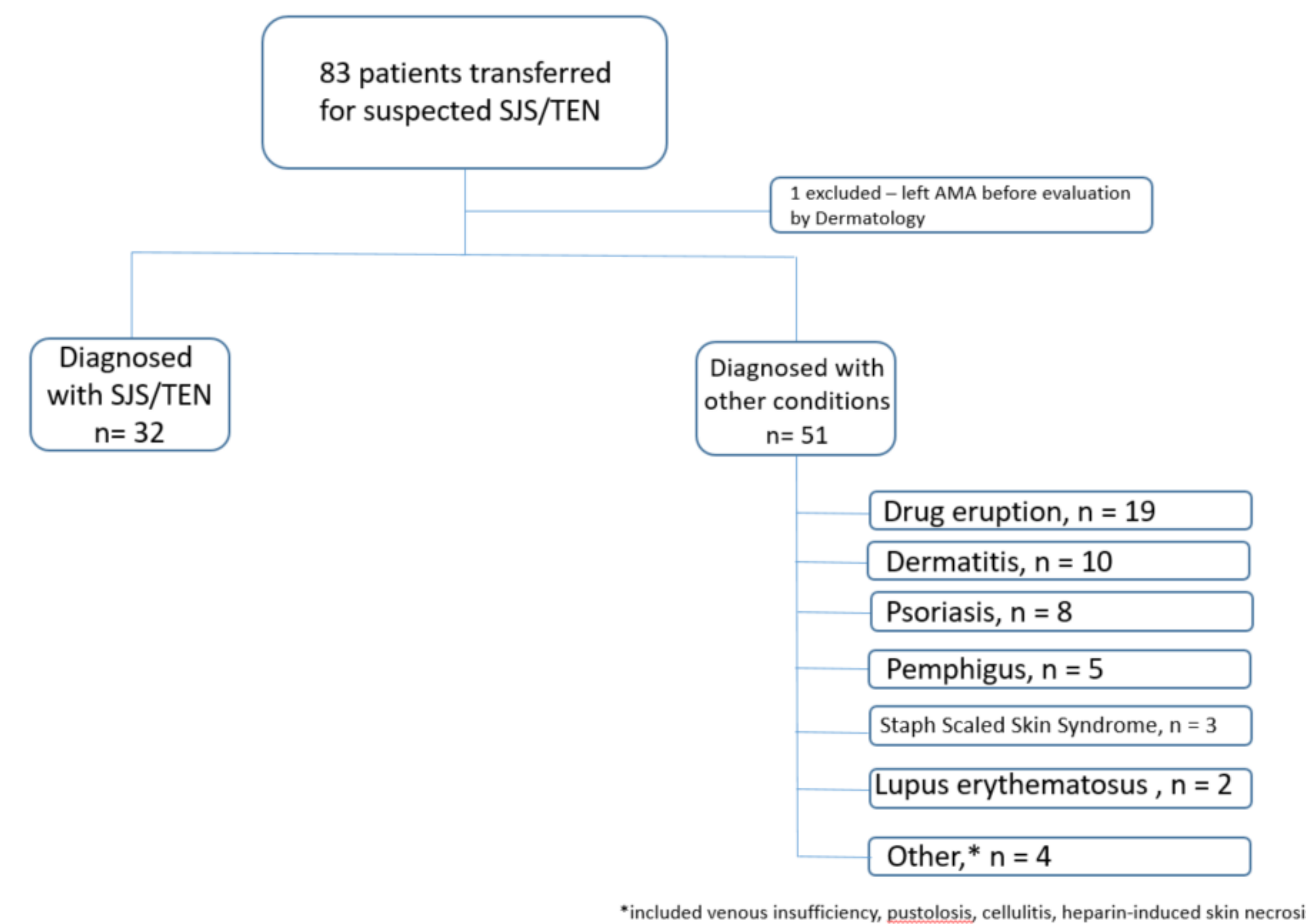
- Adult patients from a single center from 2016-2018 were examined in an approved Process Improvement Project
- Transferred from referring facility for suspicion of SJS/TEN



Transfer Process to USAISR for suspected SJS/TEN

## Results

- 83 patients referred from outside facilities for suspicion of SJS/TEN
- 32 (38%) of patients with biopsy-confirmed SJS/TEN.



Drug eruptions with associated blisters



Pustulosis or pustular drug eruption

	SJS/TEN (n = 32)	Non-SJS/TEN (n = 51)	p-value
Age (mean ± SD)	46 ± 22	50 ± 19	0.45
Gender (# male, %)	16 (50%)	6 (31%)	0.11
TBSA (median, IQR)	16.5 (6.9-43.8)	NM	NM
Scorten (mean ± SD)	2 ± 1.4	NM	NM

Demographics, NM = not measured

	SJS/TEN (n = 32)	Non-SJS/TEN (n = 51)	p-value
Hospital LOS (mean ± SD)	14.9 + 10.2	5.6 + 11	<0.001*
BICU LOS (mean ± SD)	8.7 + 8.6	1.9 + 7	<0.001*
Ventilator days (median, IQR)	0 (0-4)	0 (0-0)	0.02*
Mortality (#, %)	4 (12.5%)	3 (5.9%)	<0.001*

Outcomes, LOS = length of stay, \* statistically significant

## Conclusions

- SJS/TEN best served at Burn Center
- Education and outreach can improve referral process
- Dermatology support to Burn Centers is paramount for success in managing serious skin diseases

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## References

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