Ten-Year Mortality Trends in Stevens-Johnsons Syndrome and Toxic Epidermal Necrolysis in a Single Burn Center

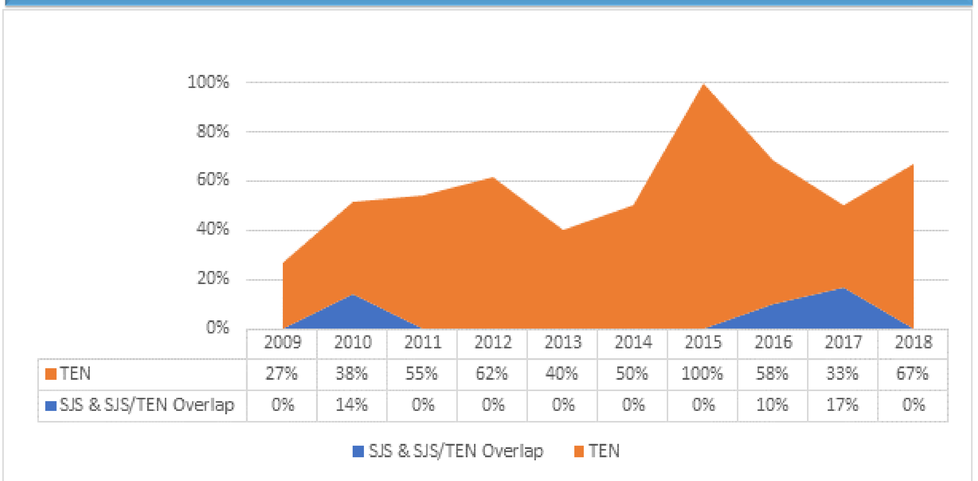
Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are a spectrum of rare, life-threatening drug reactions associated with increased mortality for females, underrepresented minority populations, and patients with comorbidities.

This study highlights the importance of acknowledging that these at-risk patient populations must be protected with higher vigilance during evaluation, assessment of the offending agent, and resuscitation.

DATA SOURCE and RESULTS

- Patients were identified using Institutional Burn Center registry and linked to the clinical and administrative data
- All patients admitted with biopsy-proven SJS, SJS/TEN overlap, and TEN between January 1, 2009 and December 31, 2018 were eligible for inclusion
- Demographics, length of stay (LOS), co-morbid conditions, and mortality were evaluated
- Statistical analysis was performed with Student's t-test, chi-square, and Fischer's exact test
- One hundred sixty-eight patients had biopsy-proven SJS, SJS/TEN overlap, or TEN
- The average age was 48 years
- Sixty-one percent of patients were female
- The average length of stay was 30 days
- Fifty-six percent of patients were Black
- Twenty-seven percent of patients died
- Increased mortality risk was significantly associated with female gender, age, underrepresented minorities, Human Immunodeficiency Virus, chronic obstructive pulmonary disease, and allopurinol as the offending agent
- The presence or absence of malignancy or chronic kidney disease was not evaluated.

Figure 1



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
TEN	27%	38%	55%	62%	40%	50%	100%	58%	33%	67%
SJS & SJS/TEN Overlap	0%	14%	0%	0%	0%	0%	0%	10%	17%	0%

Lessons Learned

- Black patients represent 28% of our state's population, but 56% of patients with biopsy-proven SJS, SJS/TEN overlap, and TEN at our institution
- Further study is warranted to investigate and mitigate these outcome disparities in these patient populations

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