



Patients with Pre-existing Mental Illness Who Developed Stevens-Johnson Syndrome & Toxic Epidermal Necrolysis: Lessons Learned at a Large Tertiary Burn Center & the Importance of Accurately Diagnosing Psychiatric Disorders



Pre-existing psychiatric comorbidity is less common among patients that develop Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) than in burn-injured patients.

Early involvement of psychiatric consultants for patients with SJS and TEN from an offending agent prescribed for psychiatric indication is recommended.

DATA SOURCE/POPULATION

Retrospective data from institutional burn registry & chart review identified patients who met all of the following inclusion criteria:

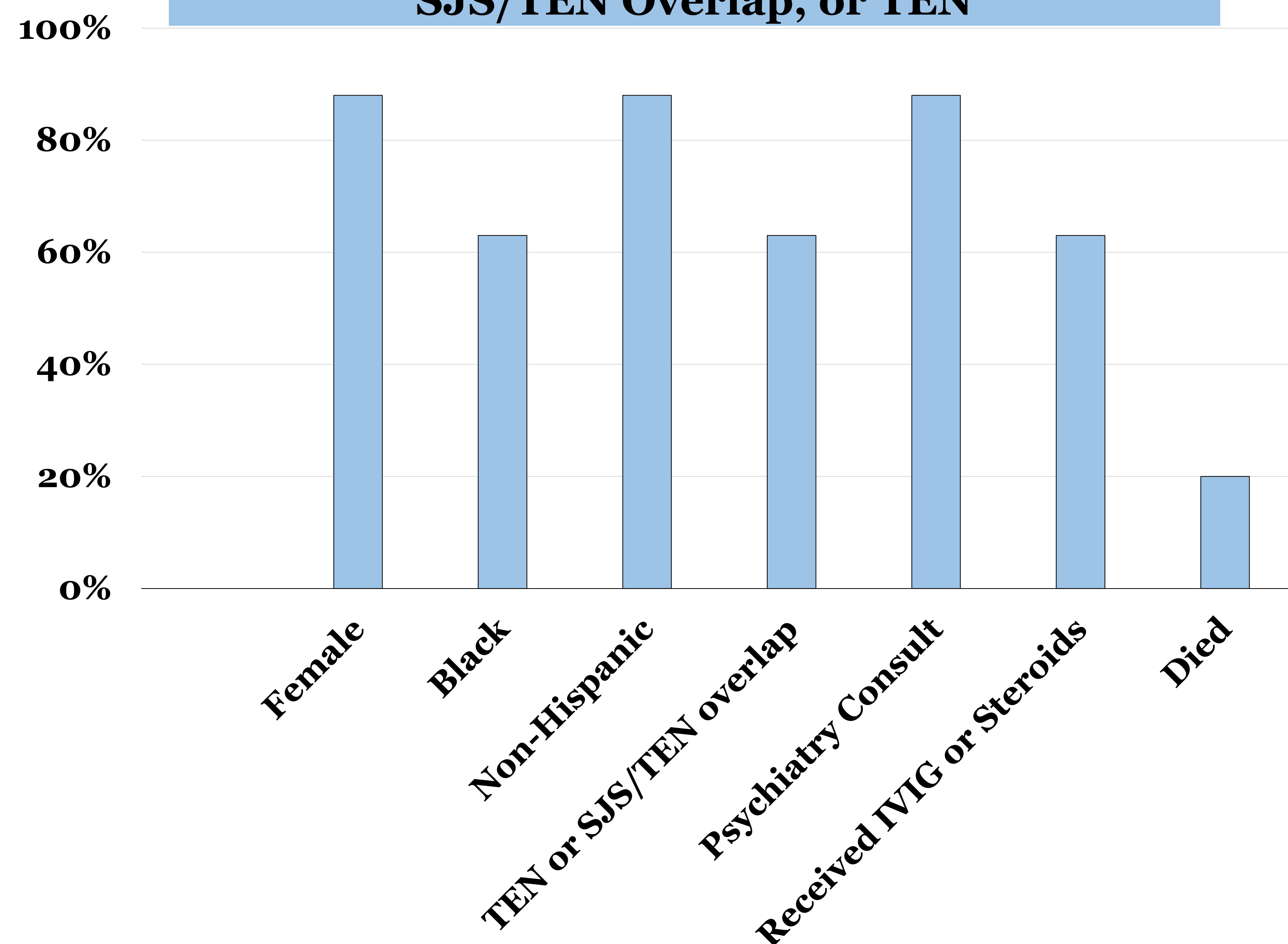
- Adults admitted between 1/1/2009 – 12/31/2018
- Biopsy proven SJS, SJS/TEN overlap, or TEN
- Presence of pre-existing psychiatric disorder

Patient and hospital characteristics were evaluated

RESULTS

- 168 patients with SJS, SJS/TEN, or TEN on biopsy
 - 18% (30/168) with pre-existing mental illness
- Among patients with pre-existing mental-illness:
- 70% (21/30) were female
 - 77% (23/30) with TEN or SJS/TEN overlap
 - 50% (15/30) were black
 - Mean length of stay (LOS) was 68 days
 - 33% (10/30) died
 - 33% (10/30) with offending agent prescribed for psychiatric indication
- 80% (8/10) of SJS and TEN cases caused by an offending medication prescribed for a psychiatric indication were due to lamotrigine

Figure 1: Hospital and Patient Characteristics of Adults Admitted with Lamotrigine-Induced SJS, SJS/TEN Overlap, or TEN



LESSONS LEARNED

- Lamotrigine prescribed for psychiatric indications has recently become a more common offending agent causing SJS and TEN at our center
- Patients that develop SJS and TEN may have been started on lamotrigine for a diagnosis of bipolar disorder, despite not meeting criteria for bipolar disorder.
- Involving psychiatry early is important for these patients to ensure accurate assessment and diagnosis of psychiatric disorders

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