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CE - MEDICAL ILLUSTRATION

Stevens–Johnson syndrome

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Clinical picture

A 58-year old woman presented with a sudden onset of body rashes followed by development of oral ulcers leading to odynophagia for 2 days. She also had a high-grade fever for 4 days. She reported an oral intake of cotrimoxazole for a respiratory tract infection 10 days prior. On examination, there was a diffuse maculopapular rash on the neck and face (Fig. 1). She also had multiple erosions and ulcers on the lips (Fig. 1), oral cavity, and pharynx. Since the body surface area involvement was less than 10% of the body surface area. A provisional diagnosis of Sevens–Johnson syndrome was made, and the patient was managed with supportive care. She recovered completely by 2 weeks, and is asymptomatic at 5 months follow-up.

Stevens–Johnson syndrome is a rare, immune-complex-mediated disease involving the skin and the mucous membranes [1, 2]. The syndrome was first described in 1922 by Albert Mason Stevens and Frank Chambliss Johnson. It is considered as a minor form of toxic epidermal necrolysis, with less than 10% body surface area evidencing detachment [2]. Various etiologic factors such as infections and drugs have been implicated in the etiology [3, 4]; however, many cases are idiopathic. There is a prodrome of fever, sore throat, runny nose and myalgia before the appearance of a rapidly spreading and painful rash. Mucosal involvement is prominent and severe, and can affect the eyes, oral cavity, pharynx, esophagus, upper respiratory tract and genitalia leading to painful ulcers [1]. The differential diagnosis includes drug hypersensitivity reactions, staphylococcal scalded skin syndrome and erythema multiforme [2, 3]. The diagnosis is clinical, and treatment is supportive. The role of steroids is controversial as there are studies that say that they increase mortality, possibly due to increased risk of infections and their stand alone use is generally avoided [2, 5]. Intravenous immunoglobulins have been used with some success [2]. The prognosis depends on the extent of skin sloughing and development of secondary bacterial infections. In uncomplicated cases, individual lesions heal within 1–2 weeks, and most patients recover without sequelae [2].

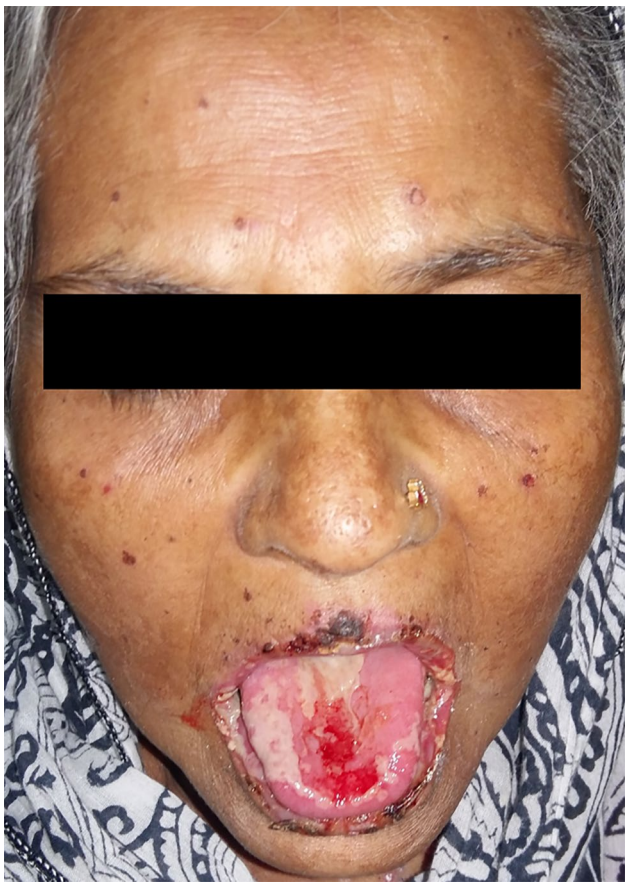

Fig. 1 Patient with a diffuse rash on her face along with ulcers and erosions on the lips and tongue

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Compliance with ethical standards

Conflict of interest The author declares that he has no conflict of interest.

Statement of human and animal rights This case image complies with the ethical standards outlined in the journal. It involved the medical management of a patient as per society guidelines and was in accordance with the ethical standards of the institution.This case was not formal research involving Human participants and/or Animals.

Informed consent Informed consent was obtained from the patient.

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