

Toxic epidermal necrolysis

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Toxic epidermal necrolysis (TEN) is a type of severe skin reaction. Together with [Stevens-Johnson syndrome](#) (SJS) it forms a spectrum of diseases, with TEN being more severe.

Differential diagnosis

Stevens-Johnson Syndrome (SJS) and [Toxic Epidermal Necrolysis](#) (TEN) are rare, severe skin reactions, usually triggered by medications or infections. They are considered different levels of the same disease spectrum.

 **Medical Emergency:** Both SJS and TEN require hospitalization, often in burn or intensive care units.

Causes

- **Medications** (most common):
 - Sulfonamides
 - Anticonvulsants (e.g., lamotrigine, carbamazepine)
 - Allopurinol
 - NSAIDs
- **Infections:**
 - *Mycoplasma pneumoniae* (especially in children)
- Unknown cause in some cases

Symptoms

- Fever, malaise (flu-like prodrome)
- Painful red/purplish rash
- Blistering and peeling of skin

- Involvement of **mucous membranes**:
 - Eyes (conjunctivitis)
 - Mouth (ulcerations)
 - Genitals

Comparison Table

Feature	Stevens-Johnson Syndrome (SJS)	Toxic Epidermal Necrolysis (TEN)
Skin detachment	<10% of body surface area (BSA)	>30% of BSA
Overlap form	Not applicable	SJS/TEN overlap: 10–30% BSA
Severity	Severe	Life-threatening
Mortality rate	~5–10%	~30–50%
Treatment	Stop causative drug, supportive care	Same, but more intensive (ICU/Burn Unit)

Management

- Immediate withdrawal of suspected drug
- Hospital admission (ICU or burn unit)
- Skin care, fluid and electrolyte support
- Pain management
- Prevention of secondary infections
- Sometimes: corticosteroids, IVIG, cyclosporine

Long-Term Complications

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- Chronic skin problems
- **Ocular damage** (e.g., dry eye, blindness)
- Oral/genital mucosal scarring
- Psychological trauma

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