ABSTRACT

Stevens-Johnson Syndrome (SJS), Steven Johnson Syndrome (SJS) – Toxic Epidermal Necrolysis (TEN) overlap, and Toxic Epidermal Necrolysis (TEN)

Clinical Presentation in Pediatric Patients aged of 0 to 18 years old in Inpatient Care Installation of Dr. Soetomo General Hospital Surabaya from 2013 to 2016

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**Background:** Steven Johnson Syndrome (SJS), Steven Johnson Syndrome (SJS)-Toxic Epidermal Necrolysis (TEN) overlap, dan Toxic Epidermal Necrolysis (TEN) are an hypersensitivity reaction mediated by immune-complex. The epidemiology of SJS, SJS-TEN overlap, and TEN in Indonesia are rare, but it can caused a life threatening complication especially in pediatric patients.

**Objectives:** To obtain further information and understanding about clinical presentation of Steven Johnson Syndrome (SJS), Steven Johnson Syndrome (SJS) – Toxic Epidermal Necrolysis (TEN) overlap, and Toxic Epidermal Necrolysis (TEN) in pediatric patients aged of 0 to 18 years in inpatient care installation of Dr. Soetomo General Hospital Surabaya from 2013 to 2016.

**Methods:** This is a retrospective descriptive study of pediatric patients aged of 0 to 18 years with Steven Johnson Syndrome (SJS), Steven Johnson Syndrome (SJS) – Toxic Epidermal Necrolysis (TEN) overlap, and Toxic Epidermal Necrolysis (TEN) in inpatient care installation of Dr. Soetomo General Hospital Surabaya from 2013 to 2016 with total sampling methods of 19 patient’s medical record.

**Results:** From this research, the most common etiology of SJS, SJS – TEN overlap, and TEN in patient samples population is caused by acetaminophen drug – induced SJS, SJS – TEN overlap, and TEN (24%). Skin manifestation is the most common clinical manifestation as it is found in all patient samples. The most common comorbid which is found in patient samples population are malnutrition (31%) and conjuntivitis (31%). Conjuntivitis is also the most common complication that is found in patient samples population (67%). The average length of hospital course of patient samples is 11.6 days. Ten out of nineteen patients need to be consulted to other specialist (53%) and the most common consultation needed by patient is ophtalmologist consultation (80%). The most common theraphy given to the patients samples is stopping the administration of the culprit drug (79%).

**Keywords:** Steven Johnson Syndrome, Toxic Epidermal Necrolysis, Steven Jonson Syndrome in children, clinical presentation, etiology, clinical manifestation, comorbid, complication, therapy, consultation.