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<http://dx.doi.org/10.1016/j.jaad.2015.08.006>

Treatment of toxic epidermal necrolysis in North America

To the Editor: There is no consensus regarding the optimal management of patients with toxic epidermal necrolysis (TEN). The latest treatment protocol recommended by the American Burn Association (ABA) was published in 2008.¹ However, since then, new data have accumulated in the literature on the lack of survival benefits with intravenous immunoglobulin (IVIG)² and on the effectiveness of cyclosporine,³ anti-tumor necrosis factor (TNF) agents,⁴ and pulse corticosteroids⁴ in adults.

In order to evaluate the management of patients with TEN in North America, we conducted this study. Directors of burn centers (130) and dermatology departments and clinics (17) in North America were requested by email to complete a 16-question survey (Supplemental Appendix, available at <http://www.jaad.org>) on their management of patients with TEN. The study was conducted from September to October 2013. Categorical variables were reported using counts and percentages.

Thirty-seven surveys were completed (25% response rate); 24 responses (65%) were from the United States and 13 (35%) were from Canada. The cohort is detailed in Table I.

Only 51% reported that their center/department has assessment guidelines for patients with TEN (35% use their center's version while 16% use the ABA¹ or other published guidelines), and only 54% reported that their center/department has treatment guidelines (46% use their center's version while 8% use the ABA¹ or other published guidelines).

Thirty percent reported that they never use SCORTEN (severity-of-illness score for TEN), 22% frequently use this measure, 22% always use it, 19% rarely use it, and 8% are not familiar with this

Table I. Cohort characteristics

Characteristic	Number	Percentage (%)
Type of Center		
Burn center	28	75.7
Dermatology departments	4	10.8
Dermatology clinics	5	13.5
Workplace		
University affiliated	28	75.7
Community hospital	6	16.2
Other	3	8.1
Types of populations treated		
Both adult and pediatric	23	62.2
Adult	10	27.0
Pediatric	4	10.8
Patients treated with TEN in the last 5 years		
>10	24	64.9
6-10	7	18.9
1-5	5	13.5
0	1	2.7

measure. Forty-three percent never use ALDEN (Algorithm for the Assessment of Drug Causality in TEN), 43% are not familiar with this measure, 5% rarely use it, and only 3% always use it.

The most common systemic treatment reported was IVIG at 81%, followed by systemic corticosteroids (24%), cyclosporine (11%), and anti-TNF in 11% (50% etanercept, 50% infliximab). Fourteen percent do not use any systemic treatment. Sixty-two percent of centers' directors reported usage of early debridement of nonviable tissue.

The most common topical treatment reported was silver-coated/silver-impregnated dressings (73%), followed by semisynthetic/synthetic dressings (43%), topical antimicrobials (43%), and bioactive skin substitutes (38%).

Sixty-two percent reported using amniotic membrane transplantation for the management of acute ocular complications (35% rarely use it, 16% frequently use it, and 11% always use it).

Eighty-six percent never prescribe prophylactic antibiotics in the management of patients with TEN, 11% rarely prescribe, and 3% frequently prescribe.

Unfortunately, only 16% of directors reported that their center refers patients to a support group.

The results of our study demonstrate a lack of correlation in the management of TEN in North America versus the published consensus on the management of TEN established at the 8th International Congress on Cutaneous Adverse Drug Reactions (iSCAR 2013)⁵ (Fig 1).

These results demonstrate the lack of implementation of the knowledge gathered in the last decades

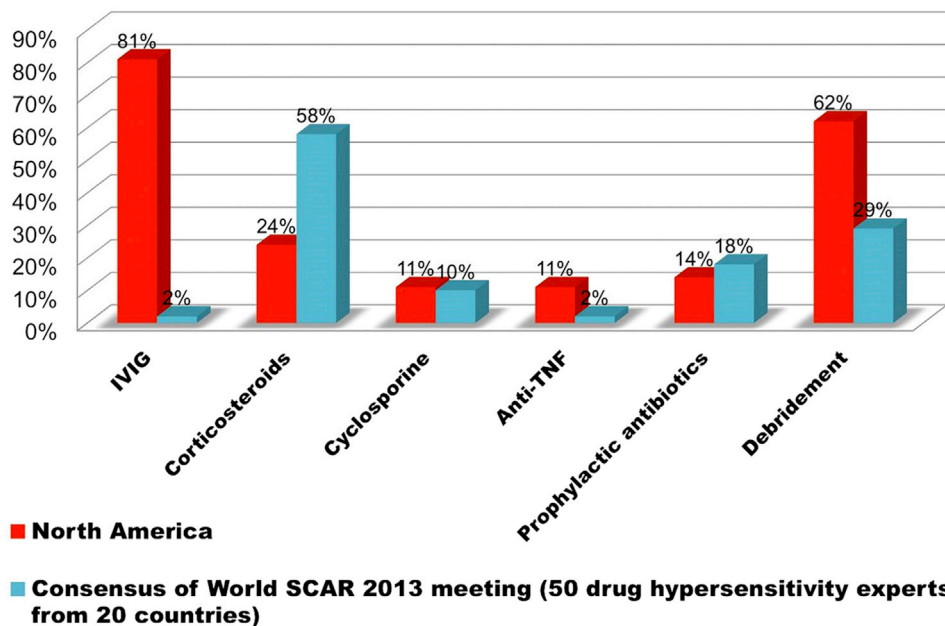


Fig 1. Toxic epidermal necrolysis (TEN). Lack of correlation in treatment of TEN between North America and consensus of the World SCAR meeting 2013.⁵

on the management of TEN in North America. Hence, there is a crucial need to formulate up-to-date treatment guidelines for patients with TEN in North America, a need confirmed by the majority (70%) of centers' directors.

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Part of this study was presented at the 8th International Congress on Cutaneous Adverse Drug Reactions, Taipei, Taiwan November 2013, and the Canadian Dermatology Association 89th Annual Conference, Toronto, Canada, June 2014.

Funding sources: None.

Conflicts of interest: None declared.

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<http://dx.doi.org/10.1016/j.jaad.2015.08.008>

Pyoderma gangrenosum and inflammatory bowel disease: A cross-sectional inpatient socioeconomic study

To the Editor: Pyoderma gangrenosum (PG) is a neutrophilic dermatosis that may require hospitalization.¹ These ulcers often heal slowly, and comorbid diseases including inflammatory bowel

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