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UK guidelines for the management of Stevens—Johnson syndrome/toxic epidermal necrolysis in adults 2016☆,☆☆,☆☆☆

D. Creamer [a,*], S.A. Walsh [a], P. Dziewulski [b], L.S. Exton [c], H.Y. Lee [d], J.K.G. Dart [e], J. Setterfield [f], C.B. Bunker [g], M.R. Ardern-Jones [h], K.M.T. Watson [i], G.A.E. Wong [j], M. Philippidou [k], A. Vercueil [l], R.V. Martin [b], G. Williams [m], M. Shah [n], D. Brown [o], P. Williams [a], M.F. Mohd Mustapa [c], C.H. Smith [o]

[a] *Department of Dermatology, King's College Hospital NHS Foundation Trust, London, SE5 9RS, UK*
[b] *St Andrews Centre for Plastic Surgery and Burns, Mid Essex Hospital Services NHS Trust, Chelmsford, CM1 7ET, UK*
[c] *British Association of Dermatologists, Willan House, 4 Fitzroy Square, London, W1T 5HQ, UK*
[d] *Dermatology Unit, Singapore General Hospital, Singapore*
[e] *Moorfields Eye Hospital, 162 City Road, London, EC1V 2PD, UK*
[f] *Mucosa and Salivary Biology, Dental Institute, King's College London, Guy's Campus, Great Maze Pond, London, SE1 9RT, UK*
[g] *University College Hospital, London, NW1 2BU, UK*
[h] *Clinical Experimental Sciences, Faculty of Medicine, University of Southampton, Southampton General Hospital, Southampton, SO16 6YD, UK*
[i] *Department of Dermatology, Orpington Hospital, Orpington, Kent, BR6 9JU, UK*
[j] *Department of Dermatology, University Hospital of South Manchester NHS Foundation Trust, Manchester, M23 9LT, UK*
[k] *Department of Histopathology, King's College Hospital NHS Foundation Trust, London, SE5 9RS, UK*
[l] *Intensive Care Medicine, King's College Hospital NHS Foundation Trust, London, SE5 9RS, UK*
[m] *Late of the Burns Centre, Chelsea and Westminster NHS Foundation Trust, London, SW10 9NH, UK*

☆ DC, SAW, PD, HYL, JKGD, JS, CBB, MA-J, KMTW, GAEW, MP, AV, RVM, GW, MS, DB, PW, CHS are members of the guideline development group with technical support provided by LSE and MFMM.

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☆☆☆Produced in 2016 by the British Association of Dermatologists.

* Corresponding author.
E-mail addresses: guidelines@bad.org.uk, daniel.creamer@nhs.net (D. Creamer).

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'' *Department of Burns and Plastic Surgery, University Hospitals of South Manchester, Southmoor Road, Wythenshawe, Manchester, M23 9LT, UK*
° *St John's Institute of Dermatology, Guy's and St Thomas NHS Foundation Trust, London, SE1 9RT, UK*

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Summary The overall objective of the guideline is to provide up-to-date, evidence-based recommendations for the diagnosis and management of the full spectrum of Stevens—Johnson syndrome (SJS), toxic epidermal necrolysis (TEN) and SJS-TEN overlap in adults during the acute phase of the disease.

The document aims to:

* offer an appraisal of all relevant literature up to February 2016, focusing on any key developments.
* address important, practical clinical questions relating to the primary guideline objective, i.e. accurate diagnosis and identification of cases and suitable treatment.
* provide guideline recommendations.
* discuss areas of uncertainty, potential developments and future directions.

NICE has accredited the process used by the British Association of Dermatologists to produce guidelines. Accreditation is valid for 5 years from May 2010 and has been extended by agreement to May 2016. More information on accreditation can be viewed at www.nice.org.uk/accreditation.

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Purpose and scope

The overall objective of the guideline is to provide up-to-date, evidence-based recommendations for the diagnosis and management of the full spectrum of Stevens—Johnson syndrome (SJS), toxic epidermal necrolysis (TEN) and SJS-TEN overlap in adults during the acute phase of the disease.

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- address important, practical clinical questions relating to the primary guideline objective, i.e. accurate diagnosis and identification of cases and suitable treatment
- provide guideline recommendations
- discuss areas of uncertainty, potential developments and future directions

SJS/TEN is rare and few health care professionals are confident in the recognition and management of the disorder. There is widely divergent practice amongst different specialities and healthcare settings, and limited information on outcomes. These guidelines aim to provide recommendations on the diagnosis and management of SJS/TEN, to inform clinical decision-making and, when justified by evidence, to standardize practice. The breadth of this document should be sufficient to assist clinicians of all relevant specialities in the management of patients with SJS/TEN. The recommendations will also inform pathways of care to optimize healthcare delivery and highlight key areas of uncertainty for future research.

In this guideline, the term SJS/TEN encompasses the full spectrum of the disease, i.e. SJS, SJS-TEN overlap and TEN (see Section What are the recognized clinical phenotypes in SJS/TEN? for clinical definition of the separate entities). The guideline is presented as a detailed review with highlighted recommendations for practical use (see Section Summary), in addition to the development of a new Patient Information Leaflet (PIL; available on the BAD website, www.bad.org.uk). Unless otherwise specified, recommendations apply to all forms of the disease.

Exclusions

This guideline does not cover paediatric patients. An addendum to this guideline addressing the needs of paediatric patients with SJS/TEN is planned. The evidence for