

스티븐 존슨 증후군과 중독성 표피 괴사 용해증 환자의 구강위생관리

1 . 2

1 , 2

1. 서론

5

32

(Stevens-Johnson syndrome, SJS) , 7 , Non-steroidal anti-inflammatory drugs (NSAIDs)
(Toxic epidermal necrolysis, TEN)

1-3)

5% 30%

가 5).

가

4).

10%

30%

4).

1.2 6 , 0.4 1.2

5).

1)

6

20

2)

1

15

3)

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▶ 본 연구는 2007년도 광주보건대학 학술연구비 지원으로 연구되었음.

2. 연구대상 및 방법

2.1 연구대상

2007 1 2007 12

3. 연구성적

3.1 증례

1 : 32

Ketoconazole

10

75

45.5

3

3

Bastuji-Grain ⁴⁾

Table 1

10%

20

<Fig. 1>

30%

1

<Fig. 2>

2.2 연구방법

6

Bastuji-Grain

표 1. Clinical classification of SJS/TEN* (by Bastuji-Grain et al)

Bullous erythema multiforme (EM)	Epidermal detachment involving <10% of the body surface, coupled with localized typical targets or raised atypical targets
SJS	Epidermal detachment <10% of the body surface in association with widespread erythematous or purpuric macules of flat atypical targets
SJS/TEN overlap	Epidermal detachment of 10% to 30% of the body surface plus widespread purpuric macules or flat atypical targets
TEN with spots	Epidermal detachment of >30% of the body surface coupled with widespread purpuric macules or flat atypical targets
TEN without spots	Large sheets of epidermal detachment involving >10% of the body surface without purpuric macules or target lesions

* SJS: Stevens-Johnson syndrome, TEN: Toxic epidermal necrolysis,



Fig. 4. Vesicular eruption on the face



Fig. 6. Characteristic skin lesion in TEN patients. Discrete to confluent deep erythematous maculopatches with exfoliative epidermis (Sheet-like detachment)

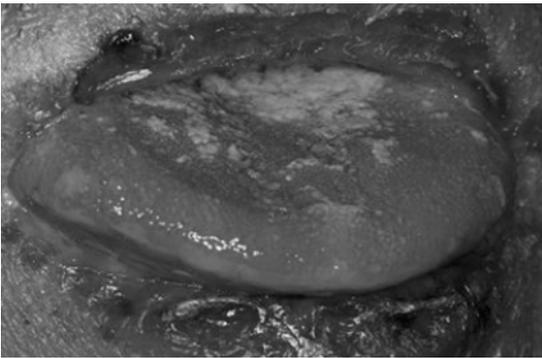


Fig. 4. Vesicular eruption on the face

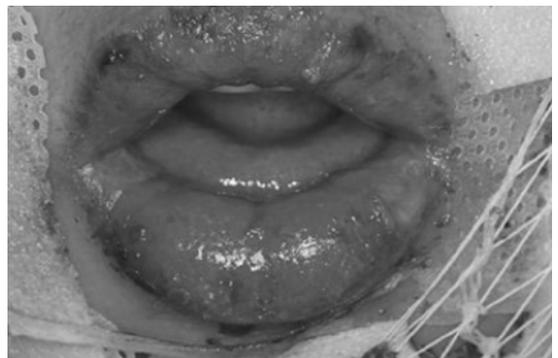


Fig. 7. Erosive lesions on the oral mucosa

4 : 75

Amoxicillin, Pontal

<Fig. 9>, <Fig. 10>

3

<Fig.

8>



Fig. 7. Erosive lesions on the oral mucosa



Fig. 10. Erosive lesions on the lips and oral mucosa

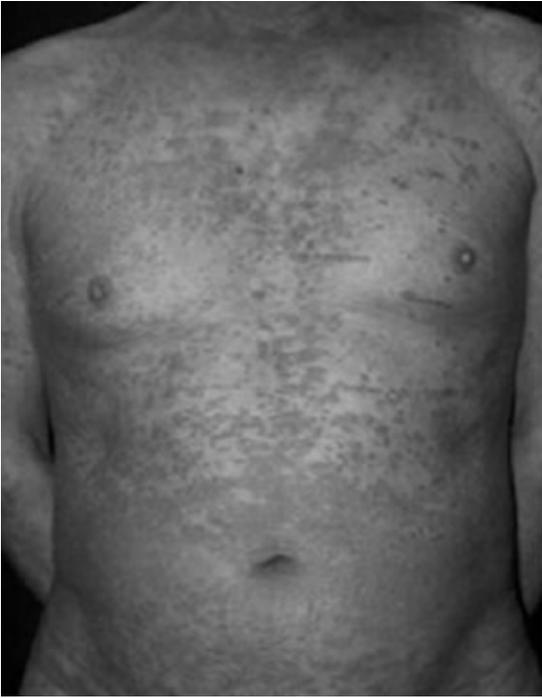


Fig. 9. Vesicular eruption came out in his whole body

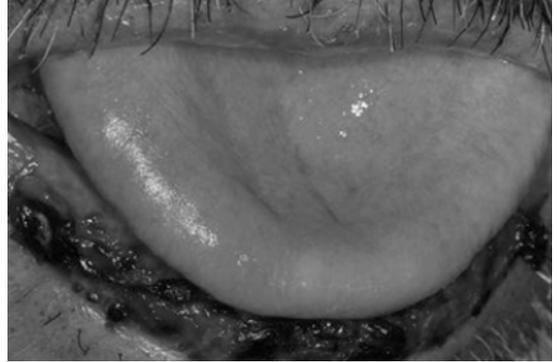


Fig. 11. Oral photograph after healing c x b



Fig. 12. Blisters on the hand

/

<Fig. 11>

5 : 32

Ciprofloxacin

Fig. 12, Fig. 13

가

7



Fig. 13. Erosion on the oral mucosa



Fig. 16. Pretreatment oral photograph



Fig. 14. Oral photograph after healing



Fig. 15. Vesicular eruption and blisters came out in his whole body and particularly oral mucosa severely

<Fig. 14>
 6 : 57
 , Harnal <Fig. 15>
 <Fig. 16>
 <Table 2>

3.2 구강위생관리

1. : 1 (5%)
2. : (0.1%)
3. :

표. 2. The clinical profiles of 6 patients

Age/Sex	Medical history/ Underlying disease	Medication history	Causative drugs	Duration of drug exposure	Treatment duration of oral lesion
32/F	Allergy Drug allergy	Ketoconazol, Antianemics Melaclear	Ketoconazol	1 day	4 weeks
45/M	Chronic hepatitis B Pyelitis	Methazolamide Dorzolamide oph	Methozolamide	14 days	-
32/F	-	Ofloxacin, Chlorphenesin	Ofloxacin, Chlorphenesin	2 days	5 weeks
75/M	Hepatocirrhosis Hypertension Drug allergy	Amoxicillin Pontal, Cimetidine	Amoxicillin, Pontal	3 days	2 weeks
32/F	Melancholia	Ciprofloxacin	Ciprofloxacin	3 days	2 weeks
57/M	Benign prostatic hypertrophy	Detrusitol, Harnal	Harnal	7 days	-

4. 중괄 및 고안

, 10 30%

Stevens Johnson 30%
 1922⁶⁾,⁴⁾
 가
 가 가
 , sulfa Sulfonamide,
 Carbamazepine, Phenytoin, Phentobarbital,
 Lamotrigine, oxi-
 cam, Allopurinol
 1956 LyeII
 7),
 COX-2, Acetic acid,
 Nimesulide, Leflunomide, Fluoxetine,
 Sertraline, Chlormezanone, Aminopenicillins,
 Cephalosporins, Quinolones, Terbinafine,
 Macrolides⁸⁻¹¹⁾
 4),
 Ketoconazol, Methozolamide, Ofloxacin,
 Ciprofloxacin, Amoxicillin, Pontal, Harnal
 Bastuji-Grain 4)
 ,
 Ketoconazol
 , 10% Ergosterol sterol

cytochrome P450

12)

가

. Methazolamide

가

(immunoglobulin)

가

9,10)

Ofloxacin Ciprofloxacin

가

16,21)

1

가 . Amoxicillin Pontal

Non-

steroidal anti-inflammatory drugs (NSAIDs)

14,19)

가

3,13)

16,21)

Carbamazepine, Allopurinol

14,15)

4,16)

2

5

9,14,15)

가

가

가

가

가

T 가

2

, C-reactive protein (CRP)

Fas

가

fluid, electrolyte

가

6

16)

가

, C-reactive protein (CRP)

, 2

가

5 30%

Staphylococcus

aureus Pseudomonas aeruginosa

가

16,22)

가,

23)

가

가

5. 결론

6

/

가

가

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Abstract

Oral management of Stevens-Johnson syndrome, toxic epidermal necrolysis patients

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Key words: oral management, Stevens-Johnson syndrome, Toxic epidermal necrolysis, Treatment principles

Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are severe mucocutaneous reactions which are most frequently caused by drugs. Although the incidence of SJS and TEN is known to be relatively low, outcomes may be fatal. A systematic approach is required because morbidity rate is currently increasing and oral lesion is frequent.

We investigated the clinical features and outcomes of 6 patients diagnosed as SJS and TEN and referred from the department of dermatology, Chonnam National University Hospital for oral care.

Ketoconazol, Ofloxacin, Chlorphenesin, Amoxicillin, Pontal, Harnal, and Ciprofloxacin were suspected as the causative drugs. Average treatment period was 3.2 weeks, and two patients were referred to 'burn-patients' hospital. Most of oral lesion were cured to be normal tissue, but scars with discoloration were observed. For intraoral management, antibiotic disinfection and steroid application were performed according to systemic treatment principles. Additionally, ingestion of zinc, antioxidants, and vitamin was recommended.

The establishment of oral treatment principles is demanded because it has not been yet. Also, through investigation of drug side effect and careful prescription are required.