Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis: A 15-Year Retrospective Review from a National Burns Centre, New Zealand

Amber Moazzam
Auckland Regional Plastic Reconstructive and Hand Surgery dept, Middlemore Hospital, Auckland, New Zealand

Dr. Sashika Samaranaryan
Auckland Regional Plastic Reconstructive and Hand Surgery dept, Middlemore Hospital, Auckland, New Zealand

Haris Moazzam
Auckland Regional Plastic Reconstructive and Hand Surgery dept, Middlemore Hospital, Auckland, New Zealand

Ricky Wan
Auckland Regional Plastic Reconstructive and Hand Surgery dept, Middlemore Hospital, Auckland, New Zealand

Abstract:

Background: Stevens-Johnson Syndrome (SJS) and Toxic Epidermal Necrolysis (TEN) are rare but life-threatening mucocutaneous reactions characterized by epidermal necrosis and detachment. This study reviews the epidemiology, outcomes, and complications of patients treated at a tertiary burns centre.

Methods: A retrospective review was conducted of all patients aged ≥16 years admitted to the National Burns Centre, Middlemore Hospital, with SJS, TEN, or SJS/TEN overlap from 2006–2021. Patients with confounding conditions such as DRESS or lupus were excluded. Data on demographics, clinical course, complications, and mortality were collected from electronic and paper medical records.

Results: Forty-five patients met inclusion criteria: 33 (73.3%) with TEN, 11 (24.4%) with SJS, and 1 (2.2%) with erythema multiforme. Median age was 41 years; 57.8% were female. Ethnic distribution was diverse, with NZ European (37.8%) most common. Length of hospital stay ranged from 2–44 days (median: 15 days). Key complications included ocular, cardiac, hepatic, and renal involvement, as well as secondary infections. Mortality and outcomes were assessed against SCORTEN-based risk.

Conclusion: SJS and TEN remain high-risk dermatologic emergencies requiring multidisciplinary care in specialized centres. Early recognition and risk stratification using tools like SCORTEN are vital in guiding management and improving survival outcomes.