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Morbus Lyell – the most severe and difficult for treatment adverse drug reaction

D. Kolev, A. Boyanova & A. Hubenova
Toxicology Clinic, UMHATEM 'Pirogov', 21 Totleben Blvd., Sofia 1606, Bulgaria

Lyell disease (toxic epidermal necrolysis) is severe acute skin disorder, described for the first time in 1956 by Alan Lyell. This condition is most often drug induced (NSAID, barbiturates, some antibiotics, etc) and is characterized by generalized erythema, confluent macules with subsequent generalized epidermal sloughing, mucous membrane involvement, persistent fevers, positive Nikolsky's sign. Although rare (average incidence of toxic epidermal necrolysis is 0.5–1.4 cases per million populations per year), this condition has bad prognosis - with estimated mortality rate of 10–70%, depending on the quality of care and the rapidity with which treatment is initiated. The pathophysiology of toxic epidermal necrolysis has not yet been fully elucidated; however, various theories have received wide acceptance. Toxic epidermal necrolysis is believed to be an immune-related cytotoxic reaction aimed at destroying keratinocytes that express a foreign antigen.

We present a case of severe toxic epidermal necrolysis in an 18-year-old-male with favourable outcome. The initial complaints include fever up to 39 °C and headache. Treatment with Antipyretics and Augmentin was started, but immediately after the first dose of antibiotic, a skin rash appeared, followed by macules and skin sloughing. Detailed medical history revealed data about various allergic reactions until the age of 6 years. Data about the diagnostic procedures, laboratory examinations including immunological tests, clinical course, complications and treatment of the patient are presented, as well as reach photographic illustration of the patient's condition. Special attention is paid to the standard treatment protocol at the Toxicology Clinic, UMHAT 'Pirogov' as it is well known that mortality rate is highly dependent on the aggressiveness of the treatment strategy, quality of care and rapidity with which treatment is initiated.