To the editor:

Just a comment on Case 12 in the *Photo Diagnosis* section of the April 2004 issue of the journal. The case features Stevens-Johnson syndrome (SJS).

First, the photo is really not very representative of this condition. However, the reason I felt compelled to write was that under the discussion of management, there was no mention at all of the fact that the causative drug must be stopped. SJS is a drug reaction and discontinuation of the medication is the first principle of management, before any of the other treatment options mentioned in the case.

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The author replies:

SJS and toxic epidermal necrolysis (SJS/TEN) present a spectrum of idiosyncratic mucocutaneous reactions to various drugs or drug metabolites. The case presented was a patient who was given a single dose of allopurinol and three hours later, developed dusky erythema, which progressed into flaccid bullae. Biopsy was consistent with SJS/TEN spectrum. It was not mentioned the drug must be stopped because there was only ever one dose given.

What determines the SJS end of the spectrum vs. the TEN spectrum (> 30% body surface area). Could it be concentration of drug/drug metabolites?

I agree the management of any serious adverse drug event must first include stopping the offending drug, as was done in this case. This case is unusual because of the rapidity of symptom development. It raises a question as to what determines the SJS end of the spectrum versus the TEN spectrum (> 30% body surface area). Could it be concentration of drug/drug metabolites? Would this patient have progressed to TEN had she received further doses? I don't think we have these answers yet.

The management section took for granted that the reader knows a drug causing SJS/TEN must be stopped and tried to focus on the more controversial issue of ways to block or minimize the effects of residual drug and drug effects. Dx

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