

Toxic epidermal necrolysis - Managed successively in a remote rural hospital in Assam



Fig. 1. Skin lesions of the child at admission.

A seven yr old male child[†] presented to department of Pediatrics, Makunda Christian Leprosy & General Hospital, Assam, India, during June 2018, with skin lesions all over the body. He was diagnosed to have toxic epidermal necrolysis (Fig. 1). He was managed with supportive care including dressings and nasogatric feeds, stopping the offending drug (cephalosporin) and by treating the infection. Eye care was also given, as it can be sight threatening. Corticosteroid was given during the acute management and the child went home normally (Fig. 2). He was followed up after two weeks at the review OPD and was found to be doing well. The incidence of toxic epidermal necrolysis is 1-2 cases per



Fig. 2. The resolution of skin lesions at discharge.

million population. The skin lesions and the risk of superadded skin infection can be life threatening. Toxic epidermal necrolysis can be managed in a secondary level hospital setting successively.

Conflicts of Interest: None.

Shajin T^{*} & Tejavath Vamshi Department of Pediatrics, Makunda Christian Leprosy & General Hospital, Karimganj 788 727, Assam, India **For correspondence:* mail4shajin@gmail.com

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[†]Consent to publish clinical information and image obtained from patient's parent.

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