

## LETTERS TO THE EDITOR

### TOXIC EPIDERMAL NECROLYSIS

To the Editor:

This is with reference to the review article on toxic epidermal necrolysis, by Ameet R Valia, published in the May 98 issue of the journal (1998; vol 64: 107-116). While complimenting the author for a comprehensive review of the subject, we would like to add the following interesting information.

While listing the common offending drugs for the rash, the authors have omitted to mention a perplexing finding in the above said article. The authors Roujeau JC et al, in a comprehensive and well designed study to identify the causative drugs, studied 245 patients with TEN, of whom 35 patients (14%) were found to have been on previous steroid therapy. **Interestingly, there was a significant association between administration of steroids, and the development of the rash.** The crude relative risk and Multivariate relative risk after exclusion of subjects with cancer and collagen vascular disease were 4.9 and 5.2 respectively. The authors concluded that the risk was greatly elevated for patients, who had recently been started on steroid therapy (<2 months), and that the association did not appear to be due to the underlying diseases. However, no explanation could be offered as to the possible mechanism for the reported association.

This perplexing, but highly interesting finding seems to have gone unnoticed in subsequent literature and we are not aware of any other study which has arrived at a similar conclusion about the possible role for steroids in causing TEN. TEN has been reported to develop in patients on previous steroid therapy in many studies.<sup>2,3,4,5</sup> The percentage of such patients has varied from 5% to 14%.

Systemic administration of steroids has been reported to cause adverse drug reactions.<sup>6,7</sup> Podvysotkoia et al described a case of Lyell's syndrome caused by corticosteroid therapy<sup>8</sup>. The fact that 5-14% of all patients, who develop the rash are those who have been on steroid therapy, and the reported association of risk of TEN in such patients<sup>2</sup> raises the highly intriguing possibility of the role of steroids in precipitation of the reaction.

The objective of this letter is to share this published information with the readers and to promote debate on this issue.

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