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Introduction:
Toxic epidermal necrolysis (TEN) is a rare, potentially life threatening mucocutaneous disease. The aim of the study was to determine clinical characteristics and outcomes of patients admitted to ICU with a diagnosis of TEN.

Methods:
A retrospective study was performed in the ICU of Farhat Hached hospital of Sousse between January 1995 and September 2017. Data were collected by reviewing the medical patients’ charts. A multivariate regression analysis was used to identify risk factors for ICU mortality in those patients.

Results:
A total of 27 patients were recorded. Mean age was 43 years (range, 17 to 76). 19(70.4%) were male. Median of CHARLSON index was 1 [0-4]. Mean SAPS II was 29.59±16. The average affected skin area was 50.5 ± 28.95% of total body surface area. Mucous membrane involvement was seen in the mouth or pharynx (21, 77.8%), eye (18, 66.7%) and genital area (15, 55.6%). NIKOLSKY sign was positive in 25 patients. The most common drugs that triggered TEN were antibiotics (8/27, 29.62%), allopurinol (6/27, 22.22%), anticonvulsants (5/27, 18.51 %), non-steroidal anti-inflammatory drugs (3/27, 11.11%), and antipsychotic drugs (1/27, 3.7%). 6 patients (22.2%) required mechanical ventilation, 7 (25.9%) vasoactive drugs and 2 (7.4%) renal replacement therapy. The major complications were acute renal failure (51.9%) and sepsis (29.6 %). The mortality rate was 40.6%. This rate was much higher than predicted mortality according to a severity-of-illness scoring system for TEN prognosis (SCORTEN) score. In univariate analysis, predictors of fatal outcome were: invasive mechanical ventilation (p=0.0.27), vasoactive drugs (p=0.026), acute renal failure (p=0.012), age (p=0.042) and CHARLSON index (p=0.01). Acute renal failure was the only independent factor of ICU mortality (OR, 19.8 ; 95%CI, [1.94–201.62] ; p=0.012).

Conclusion:
The present study demonstrated a severe prognosis in TEN patients. Acute renal failure was identified as the sole independent factor associated to mortality.