

Case Study

Stevens Johnsons Syndrome*

The Patient.....Age 35 years, was admitted with :

1. Temp.: 102.4°F. Pulse : 130.
Respirations : 36.

Blood Pressure : 103/62.

2. Patient complained of :—

- (i) Dyspnoea
- (ii) Severe Headache
- (iii) Burning sensation and severe generalised pain
- (iv) Burning sensation during micturition
- (v) Congestion of the eyes and purulent discharge.

History.

Patient was accustomed to run 5 to 6 miles each morning after which he had a bath. He suddenly developed a high temperature and cough. On the third day, the cough disappeared and the temperature dropped. On the fourth day, the patient developed a sore-throat, and he went to a doctor who prescribed "some medicine" and oral application. On the 7th day he developed granules in the pharynx. On the 8th day he again ran a high temperature and his lips and tongue became ulcerated ; also the conjunctivitis was aggravated and there was an increase of mucopurulent discharge ; his mouth became foul smelling and mucoid sputum was expectorated. He found himself unable to eat or even drink water. On the 9th day he developed dyspnoea and also complained of burning sensation during micturition. On the 10th day ulcers appeared on certain areas of the body.

Past History.

Gonorrhoea 2 years ago.

On Examination :—1. Patient looked toxic.

2. Mouth severely ulcerated, with offensive, purulent discharge.

3. Eyes were inflamed with a mucopurulent discharge.

4. He was barely able to talk ; he could not eat or drink.

5. Complained of constipation and frequency of micturition.

6. Sleep was diminished due to severe pain.

7. Skin was dry and hot with widely distributed ulcerated areas.

*Distribution of the ulcers :—*1. Extensor surface of both fore arms, and posterior area of both elbows.

2. Abdomen.

3. Front of the chest.

4. Few on both legs.

5. On the scrotum.

*Character :—*The ulcers varied in size from 1 to 1.5 cm., with a central white opaque bleb and peripheral well-demarcated erythematous area. The bleb sank in 24—48 hours and became level with the skin. The central area became dark in colour. At few places bleb peeled off leaving a pink raw surface. In the next 24 hours pinkish area became black and almost undistinguishable from the surrounding skin.

*Investigations :—*Total W.B.C. Count : 12,000 C.M.M.

Differential W.B.C. Count : Polys. 84%. Lmph 14%. Monos, 2%.

*Urethral smear :—*Smear shows large number of pus/cells, gram/positive Coccus & diphtheroids.

*Conjunctival smear :—*Stray disorganised pus/cells. No organism.

*Sputum :—*Culture showed : streptococcus Viridans. Micro-coccus. Albus. Micro-coccus S.P. Bacillus sp. B. Coil.

*Blood Culture :—*Sterile thrice after 48 hours incubation.

Treatment.

As soon as the patient was admitted to the ward, he was given routine care and made comfortable in the Fowlers position.

Orders.

Inj. adrenalin $\frac{1}{2}$ c.c. (1-1000), Atropine gr-1/100 was given intramuscularly.

* (Stevens Johnson Syndrome is a very rare disease of unknown origin. It is thought by some authorities to be a streptococcal infection or allergic condition characterised by toxoemia, stomatitis, conjunctivitis and multiple eruption.—Ed.

2. Steam inhalations every 4 hours.
3. Throat and mouth were cleaned with hydrogen peroxide and pot. permanganate gargles given, followed by Boro-glycerine application every 2 hours.
4. Penicillin throat spray (1-5000) every 4 hours.
5. Eyes bathed with boric lotion, and Penicillin drops (1-2000) instilled at intervals of 5 minutes till the congestion decreased. Ung: sulphurnilamide applied B.D. to both eye lids.
6. Injection Penicillin, 1 lac units, 8 hourly.
7. As the patient could not take any thing by mouth, he was given nasal feed 4 hourly: (Fruit juice, egg-flip, soup, milk, glucose water).

Treatment was continued for one week. At the beginning of the 2nd week, the conjunctivitis had cleared up and

penicillin eye drops discontinued. Steam inhalations discontinued. The rest of the treatment continued. By the 3rd week, the patient was much improved. The ulcers on the lips, mouth and throat were healed. During these days the patient used to explain his wants by writing or making signs, but by now he was able to talk. He took out the nasal tube himself and started having food by mouth. All the treatment was discontinued except the gargles and boro-gly paint to mouth. Patient stayed one week more in the hospital and then he was discharged. His was an interesting case and we were pleased to see him make a wonderful and quick recovery.

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State News

HYDERABAD

Hyderabad State Branch.

The following members have been elected office bearers of the newly organised State Branch :-

President : Miss E.D'Sequira.
Ex-Officio : Mrs. E. Watts, Area Vice President, T.N.A.I.
State Branch Secretary : Miss A.Chacko.
Joint Secretary : Miss J.G. John.
Treasurer : Miss L.D'Souza.
Vice President, Membership Chairman and Programme Chairman will be elected shortly.

Inaugural Meeting.

The Inaugural Meeting of the Hyderabad State Branch will take place in Hyderabad City on the 8th October, at 4 P. M. Kumari Lakshmi Devi will inaugurate the meeting.

Hyderabad members are requested to make an effort to attend this important meeting which signifies another State link-up with the National Association.

DELHI

Annual Meeting.

Members of the Delhi State Branch are reminded that the Annual Meeting will

be held on the 30th October, at the Hardinge Medical College Convocation Hall, at 9 A.M. The programme will be circulated to members. Will those intending to be present, please notify the State Branch Secretary, Miss B. Dawson.

Light refreshments will be available during the lunch hour.

Sub-Branch of the Delhi State Branch.

Members of the TNAI who are living in the Persian Gulf have organised themselves into a Sub-Branch of the Delhi State Branch.

A special meeting was convened on the 19th July, at the Dhahran Health Centre, when the wish to form a Sub-branch was discussed. Mr. J. Devadasen presided. Nominations were called for and the officers elected as follows :-

Chairman : Mr. J. Devadasen.
Secretary : Mr. Mammon Chacko.

After a general discussion on nursing affairs, with special reference to men nurses, the meeting adjourned for refreshments.

Members in the Persian Gulf.

When planning to visit India, you may apply for railway concessions to Mr. Mammon Chacko, Dhahran Health Centre,