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Steven Johnson Syndrome/Toxic Epidermal Necrolysis Management in the Pediatric Population: The Surgeon’s Perspective

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Steven Johnson Syndrome/Toxic Epidermal Necrolysis Management in the Pediatric Population: The Surgeon’s Perspective

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Introduction/Methodology

- 36 item survey
- 5 **pediatric-only** burn centers
- 6 pediatric surgeons responded

- Admitting service
- Wound management
- Debridement practices
- Types of dressings
Results

• High variability in the admitting services and debridement practices

• Burn consults are obtained at least within 24 hours

• All institutions use antibiotic ointment and occlusive gauze as a primary dressing.
Conclusion

• SJS/TEN is a rare but serious disease in children with wide variations in practices and limited data on wound management
• Standardized protocols and guidelines may aid in improving outcomes
• Next step: Multi institutional retrospective review