



product with a superior profile of infection control over host cell cytotoxicity.

## ΣΑΒΒΑΤΟ 17 ΜΑΡΤΙΟΥ 2007

**ΑΙΘΟΥΣΑ: «ΑΜΦΙΘΕΑΤΡΟ»**

**ΩΡΑ: 10.00-10.30**

**ΣΥΝΤΟΝΙΣΤΗΣ: ΚΑΚΑΓΙΑ ΔΕΣΠΟΙΝΑ**

### **TOXIC EPIDERMAL NECROLYSIS – APPROACHES TO WOUND MANAGEMENT**

#### **GREG WILLIAMS**

C Abela, A Chapman, C Bunker, G Williams  
Departments of Dermatology and Plastic Surgery  
Chelsea and Westminster Hospital, London, United Kingdom

Toxic Epidermal Necrolysis (TEN) is a rare epithelial exfoliating disorder associated with a high mortality. Patients are best looked after by a multi-disciplinary team based in a Burns Centre because of the similarity of TEN to large Total Body Surface Area (TBSA) superficial partial thickness burns. A Burns Centre is also appropriate because of the availability of a thermo-regulated environment and nurses familiar with large TBSA dressings. Predicted mortality can be estimated using the SCORTEN criteria.

The general management of patients with TEN includes intravenous immunoglobulins, cyclosporin, and granulocyte-colony stimulating factor along with supportive treatment including ventilation, nutrition, hydration and analgesia. Although spontaneous re-epithelialisation can be expected, it is important to protect the exposed dermis from infection and desiccation. Choice of dressing is made on an individual basis and includes biosynthetic dressings such as Biobrane, skin substitutes such as human cadaveric allograft and porcine xenograft, and simple dressings such as paraffin gauze and mepitel. Topical steroids to intact skin may prevent progression. Three cases will be presented to illustrate the wound management algorithm of the Chelsea and Westminster Burn Service for treating patients with TEN.