Canberra Health Services Research

ACT Government

Rapid progression to toxic epidermal necrolysis

following initially reassuring clinical presentations

Fiona Kimber
Dermatology Advanced Practice Nurse
Canberra Health Services

Stevens—Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are rare, life-threatening conditions affecting the skin and mucous membranes. They are most commonly triggered by medications and result in extensive epidermal necrosis and skin detachment, causing painful blistering and widespread skin and mucosal shedding.

Case Summary

A woman in her 30's commenced lamotrigine, a recognised trigger for SJS/TEN. She initially presented with a mild rash and stable clinical features. Despite several reassuring clinical presentations, her condition rapidly deteriorated, progressing to TEN and necessitating ICU admission and transfer to a specialist burns unit.

Nursing & Clinical Practice Implications

- Maintain high index of suspicion in patients recently commenced on high risk medications
- Early SJS/TEN may lack mucocutaneous features
- Clear safety-netting and patient education are critical
- Low threshold for re-assessment and escalation

Conclusion

This case demonstrates how SJS/TEN can evolve hours after apparently reassuring clinical assessments. Dermatology, primary care and emergency nurses play a key role in recognising risk, reinforcing safety-netting, and advocating for timely escalation.

Timeline

Early Feb 2026

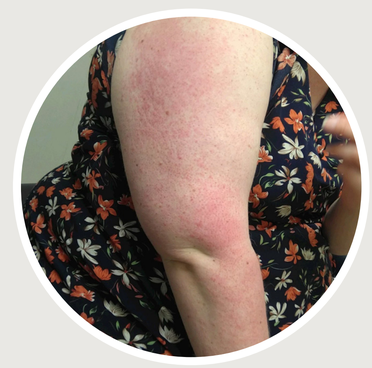
Lamotrigine commenced - highest risk period for SJS/TEN occurs within the first eight weeks after drug initiation

21 Feb — General Practitioner Review

- Rash noted
- Differential: viral exanthem / drug eruption

23 Feb — Primary Care Clinic (RN & NP Review)

- Spreading blanching maculopapular rash
- Afebrile, systemically well
- No mucosal involvement or blistering
- Safety-netting advice provided
- Patient ceased lamotrigine



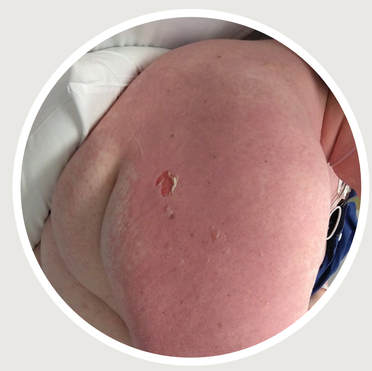
Early maculopapular rash

25 Feb 05:38am — First Emergency dept (ED) Presentation

- Rash <10% body surface area, pruritic
- Mucosa spared
- Assessed as unlikely SJS/TEN
- Discharged with safety-netting advice

25 Feb 9:39pm — Same day re-presentation to ED

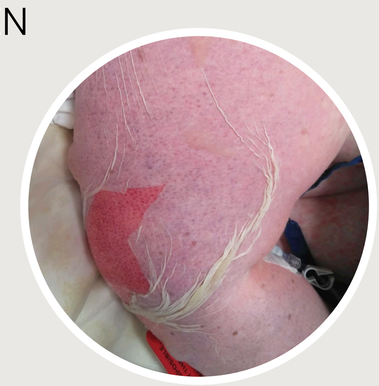
- Rapid deterioration
- Fever 39—40°C, tachycardia
- Severe skin pain
- Blistering skin lesions
- Oral and ocular mucosal involvement



Confluent erythema with early epidermal detachment

26 - 27 Feb — Escalation of Care

- Diagnosed SJS progressing to TEN
- Etanercept administered following dermatology input
- Transfer to tertiary hospital → burns unit



Extensive epidermal detachment

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Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.

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