

University of Groningen

## Severe cutaneous adverse drug reactions

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## **SEVERE CUTANEOUS ADVERSE DRUG REACTIONS**

Challenges in diagnosis and treatment

1. Awareness of cutaneous adverse drug reactions is a prerequisite for diagnosis.
2. For most drugs, the high prevalence of medicine-related morbidity rather reflects their extensive use than their intrinsic toxic potential.
3. In cutaneous adverse drug reactions, it makes sense to isolate syndromes rather than to consider the whole as a continuum, if it helps in finding original clinical patterns, courses, causes, mechanisms and treatment.
4. The main point in dealing with Stevens-Johnson syndrome/toxic epidermal necrolysis is to restore the barrier function of the skin and mucosae as quickly as possible and in the meantime to prevent the effects of this barrier loss.
5. The general negative opinion on corticosteroids in Stevens Johnson Syndrome/toxic epidermal necrolysis is probably because they are often given too late, in too low a dose, and for too long during the process.
6. The controversy if histopathological characteristics of plaque type psoriasis can be seen in pustular psoriasis is mainly a matter of timing of the sample.
7. There are no grounds to assume that an acute pustular eruption, occurring in patients with known psoriasis, is necessarily generalized pustular psoriasis or that acute generalized exanthematous pustulosis is a variant of psoriasis.
8. A flare-up of a skin reaction during oral provocation with systemic medication on sites, implicated in previous patch testing with the same drug, possibly reflects the presence of local memory in the skin.
9. The term skin rash is a deplorable and reprehensible idiotism adored by non-dermatologists. Can you have a rash on any other organ?  
*(Jerome Litt)*
10. More is missed by not looking than by not knowing.  
*(Thomas McCrae)*
11. To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.  
*(Sir William Osler)*
12. Primum non nocere.  
*(Thomas Seydenham, after Hippocrates)*
13. In the consulting room, evidence based medicine meets Google based medicine.
14. Eigentlich weiß man nur, wenn man wenig weiß. Mit dem Wissen wächst der Zweifel.  
*(Johann Wolfgang von Goethe)*

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Sylvia Kardaun