Abstract

Health Science Journal
ISSN 1791-809X

2021
Vol.15 No.P15

Lyell Syndrome: Complexity Management in a Medical Ward

Ciampa C[1], Fabozzi G[1], Esposito S[2], Ricciardi R[2], Giugliano C[3], Renis M[3]*, Gentile M[3], Grieco L[3], Del Gatto A[3], De Donato MT[4] and Salvatore V[3]

[1]Scuola di Specializzazione in Medicina Interna UNISA, Italy
[2]Scuola di Specializzazone in Farmacologia e Tossicologia Clinica UNISA, Italy
[3]Medicina Interna P.O Cava AOU "San Giovanni di Dio e Ruggi d'Aragona" Salerno, Italy
[4]Clinica Medica ed Epatologia AOU "San Giovanni di Dio e Ruggi d'Aragona" Salerno, Italy

***Corresponding author:** Renis M, Medicina Interna P.O Cava AOU "San Giovanni di Dio e Ruggi d'Aragona" Salerno, Italy, E-mail: maurizio.renis@tiscali.it

Background: Lyell Syndrome is a rare disease (incidence 1/100000, lethality rate: 70%) characterized by extensive epidermal necrosis.

Case report: Female, 75 y.o. In E.R. for dehydration, confusion, and extensive necrotic mucocutaneous lesions. History: advanced stage intestinal cancer; recently undergone ceftriaxone 1 g/day for 15 days, for urinary infection.

Dermatological valuation: suspected Lyell Syndrome, probably iatrogenic, involving about 80% skin. Admitted to our Medical Ward (no availability in Intensive Department). She was not transferred to a Burn Ward, due to her frailty, comorbidities, and extremely compromised clinical conditions. The patient, isolated, underwent a skin swab and skin biopsy, which confirmed the diagnostic hypothesis. Treatment: Rehydrating Solution: 3500 ml/day, Parenteral Nutrition, Albumin 25% 50 ml: 3 FLC/day, Immunoglobulins: 0.4 g/kg/day for five days, Tigecycline 50 mg twice/day (St. Haemolyticus positivity), high dose Methylprednisolone: 60 mg/kg/day (with gradual reduction), advanced dressings of skin lesions in a sterile environment. The patient was eventually discharged with no active skin lesions and negative skin swabs.

Discussion: This case shows, in our opinion, how, thanks to adequate staff training, it is possible to create complex organizational settings in order to treat patients who need high intensity of care, in medical wards rather than in intensive care.