

DOSE OF INTRAVENOUS GAMMAGLOBULIN IN TOXIC EPIDERMAL NECROLYSIS

Dear Sir,

I read with great interest the original article 'Stevens-Johnson syndrome and toxic epidermal necrolysis: efficacy of intravenous immunoglobulin and review of treatment options'.⁽¹⁾ It is a well-written case series of six patients with a good review of basic science and the current literature. Stevens-Johnson syndrome and toxic epidermal necrolysis, as severe cutaneous reactions, will be of interest to physicians in general. Although rare, the conditions are predominantly idiosyncratic drug reactions; hence, many drugs used across a wide range of medical specialties have been implicated.⁽²⁾

I would like to highlight a typographical error in the concluding paragraph of your paper, which states the recommended total dose of intravenous immunoglobulin (IVIG) for toxic epidermal necrolysis as 3 mg/kg.⁽¹⁾ Throughout the case series, a total administered dose of 3 g/kg for each patient had been described until then. A dose of 3 g/kg is consistent with high dose IVIG that is used as an immunomodulatory agent.⁽³⁾

As discussed in your paper,⁽¹⁾ a range of 0.8 g/kg to 4 g/kg dose of IVIG has been suggested for the treatment of toxic epidermal necrolysis. However, in paediatric studies, a total dose of 0.25 g/kg⁽⁴⁾ to 5 g/kg⁽⁵⁾ has been used. Due to the heterogeneity of these studies, meaningful meta-analyses have not been possible, and as toxic epidermal necrolysis is an uncommon condition, single centre experience will be limited.

I agree with the authors that well-designed, multi-centred, prospective randomised controlled trials for IVIG in toxic epidermal necrolysis are needed in order to establish its efficacy. However, I would also like to suggest that given the range of possible doses in the literature, the optimal dosing of IVIG for toxic epidermal necrolysis should be further studied, in both adults and children.

Yours sincerely,

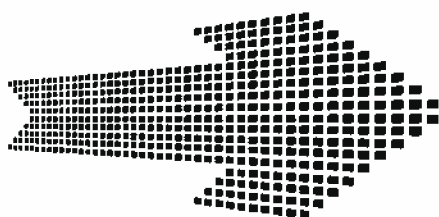
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Editor's note: The authors, Teo et al, have declined to comment on the above letter. An erratum to Teo et al's paper can be found on page 220 of this issue of the SMJ.



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