



 Please call 911 if you think you have a medical emergency.

## Life-Threatening Skin Rashes Treatment

### Self-Care at Home

Because all of these disorders are life threatening, home care is limited. Seeing the signs and symptoms early and going to a doctor right away are the only acceptable actions. If left without treatment, many of the people with any of these disorders may die. While getting to the doctor, the following care for symptoms can be started:

- Blisters
  - Do not break blisters that are intact.
  - As blisters break, do not attempt to peel away loose skin.
  - Cover blisters with sterile gauze or clean sheets.
  - Do not apply ointments or creams to blistered or raw skin.
- Fever
  - You may give acetaminophen (Tylenol) to control fever and help with some of the pain and discomfort.
  - Do not attempt to bring fever down with cold-water soaks or baths. This makes the person shiver and may actually increase internal temperature.
  - If the fever is severe, you may use towels soaked in lukewarm water to wipe down the parts of the body that are not blistered.
- Red eyes
  - Do not attempt to treat any rash that affects the eyes without seeking medical attention.
  - Do not use drops of any kind.
- Mouth ulcers or sores
  - Do not use mouthwash or any oral rinses to treat mouth sores at home.
  - Dehydration can occur if mouth sores are severe and pain limits the intake of fluids.
  - Frequent small sips of water or any sports drink should be encouraged to prevent or at least limit dehydration.

### Medical Treatment

Treatment for these disorders involves a hospital stay.

- Admission to the hospital is the rule, and you may require admission to an intensive care unit for closer monitoring.
- Blistering that involves large portions of the body is treated as a thermal burn. This can mean admission to a specialized burn intensive care unit. Not all hospitals have a burn unit, so you may need to be transported to an appropriate medical center for care.
- The fluid losses through the skin and from decreased drinking that happen in these disorders cause dehydration.
  - This dehydration is treated with intravenous fluids.
  - One or 2 intravenous catheters will be placed in a vein, usually in the arms, for fluids and medicines as needed.
- Blood samples will be analyzed for signs of infection and electrolyte imbalances. Intravenous fluids and electrolytes will be adjusted to normalize any electrolyte imbalance.
- Pemphigus vulgaris (PV)
  - Doctors try to suppress the body's immune system (to stop it from attacking itself) and stop the progression of PV with intravenous corticosteroids.
  - Blisters are treated like thermal burns and are very susceptible to infection. Antibiotic creams and sterile bandages that are changed frequently are used to prevent infection.
  - When blistered areas become infected, intravenous antibiotics are used, but they are not used to prevent infection.
  - Oral blisters are treated with mouthwashes and rinses with numbing medicine for pain relief.
- Stevens-Johnson syndrome (SJS)
  - Doctors try to suppress the body's immune system from attacking itself. Intravenous corticosteroids act in this way and help stop the progression of SJS. To help with the allergic reaction associated with SJS, intravenous antihistamines may also be given.
  - Raw skin from broken blisters is treated with a drying solution, such as Burow solution, and sterile bandages are applied.
  - When blistered areas become infected, intravenous antibiotics are used, but they are not used to prevent infection.
  - Oral blisters are treated with mouthwashes and rinses with numbing medicine for pain relief.
  - An eye specialist monitors eye involvement. He or she may prescribe steroid and antibiotic eyedrops or ointments to be given while you are in the hospital.
  - Discontinue any medications that may be causing the disease.
- Toxic epidermal necrolysis (TEN)
  - Treatment of TEN must always be in an intensive care unit or specialized burn intensive care unit.
  - Using intravenous corticosteroids has not proven to help TEN, so they are not routinely used.

- Raw areas of skin are covered with petrolatum gauze and sterile bandages that are changed frequently to help keep further fluid losses from happening through the skin.
- When blistered areas become infected, intravenous antibiotics are used, but they are not used to prevent infection.
- Oral blisters are treated with mouthwashes and rinses with numbing medicine for pain relief.
- An eye specialist monitors eye involvement. He or she may prescribe steroid and antibiotic eyedrops or ointments to be given while you are in the hospital.
- Discontinue any medications that may be causing the disease.
- Toxic shock syndrome (TSS)
  - Large amounts of intravenous fluids may be required to treat the low blood pressure found in TSS.
  - Special medications may also be given continuously through an intravenous catheter to help increase blood pressure if fluids alone cannot raise blood pressure to adequate levels.
  - Intravenous antibiotics are given immediately if TSS is suspected.
  - The underlying source of infection (that is, the tampon, nasal packing, wound infection, or other source) must be identified and removed.
- Staphylococcal scalded skin syndrome
  - In very young children, affected areas of skin are treated with antibiotic creams and sterile bandages that are changed frequently.
  - Older children do not usually require topical treatment.
  - Intravenous antibiotics are used to treat the underlying infection.

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For more information, read the complete article, Life-Threatening Skin Rashes (<http://www.emedicinehealth.com/script/main/art.asp?articlekey=58841>) on <http://www.emedicinehealth.com>.

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