

Свръхчувствителност от забавен тип. Клетъчно медиран имунитет.

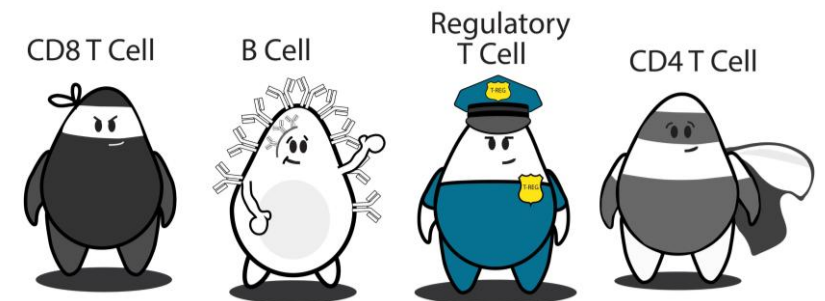
IV тип по класификацията на Coombs & Gell

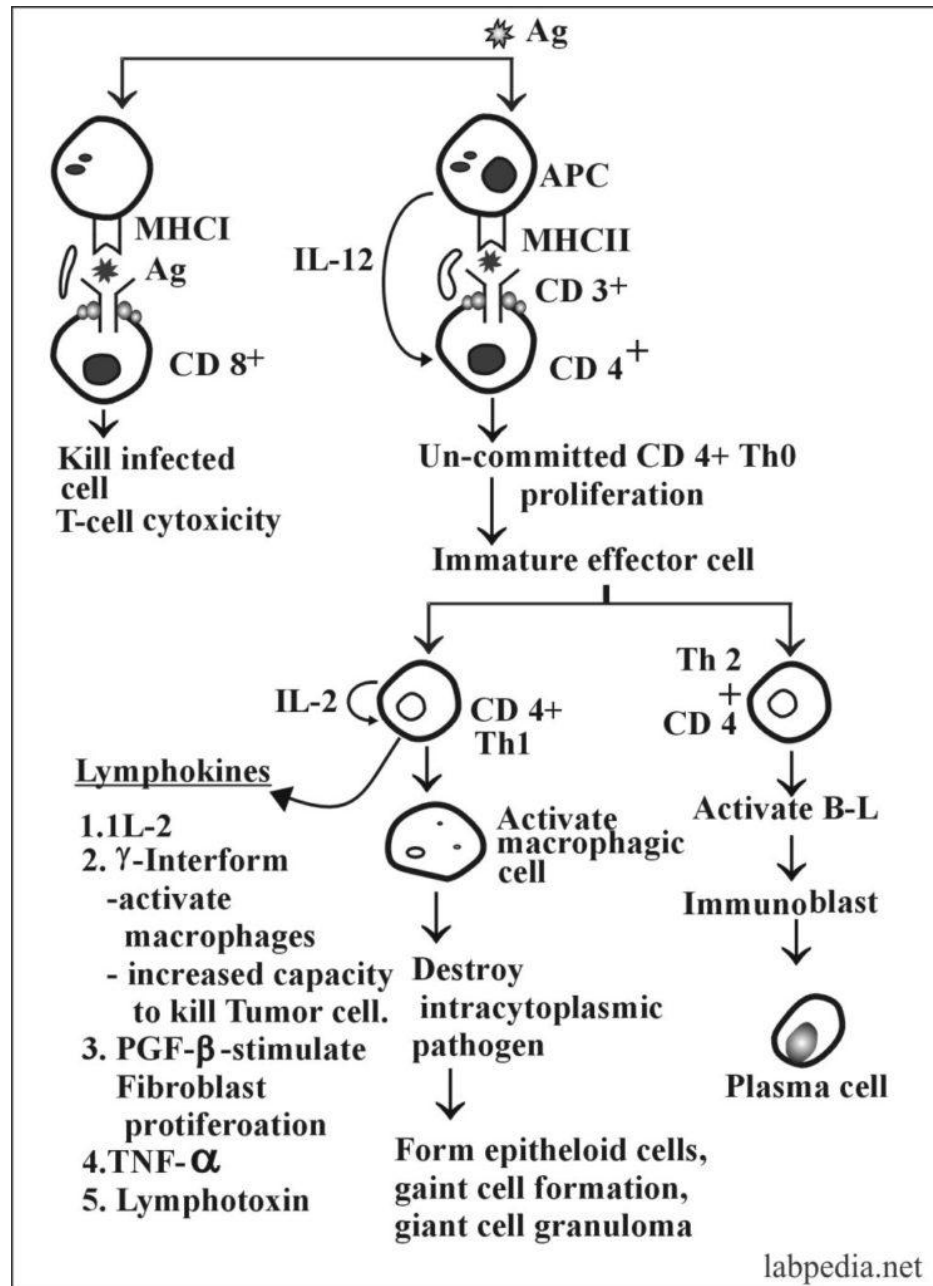
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05.06.2026 г.

Характеристики

- 48-72 часа
- Екзогени или автоантигени
- Т лимфоцити, моноцити/макрофаги
- Цитокини (IL-1, 2, 12, 4, 5, 6....IFN γ , TNF α , β)

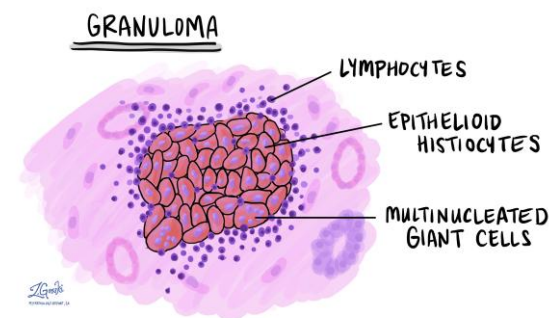
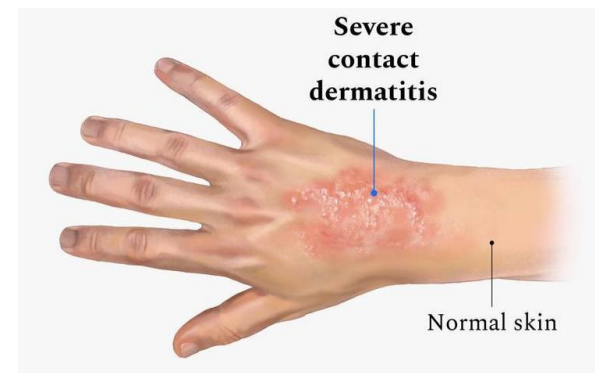




- Наивни Т лимфоцити
- Сенсibiliзиране
- Активиране и пролиферация
- CD 4⁺ - Th1/Th2
- CD 8⁺

Примери

- Контактен дерматит
- Туберкулинов тип
- Грануломатозен тип
- Диабет тип 1
- Ревматоиден артрит
- АИТ на Хашимото



Ангиедем Уртикария

- Често съвместна проява
- АНО – бързо настъпващ оток в дермата, подкожната, лигавицата и субмукозите
- Уртика – кожен обрив с папулоеритемен характер с неправилна форма, придружена от силен сърбеж с или без оток
- Обривът преминава за няколко часа, но рецидивира на друго място
- АНО – устни, очи, гениталии, ГИТ, ларинкс, китки, глезени
- НАЕ – мутации в гена за C1 инхибитора



T = 1.5 hours



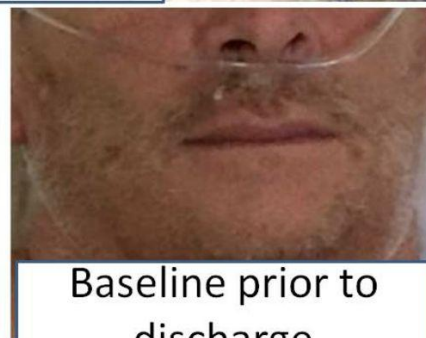
T = 2.5 hours



T = 5.5 hours



T = 11 hours



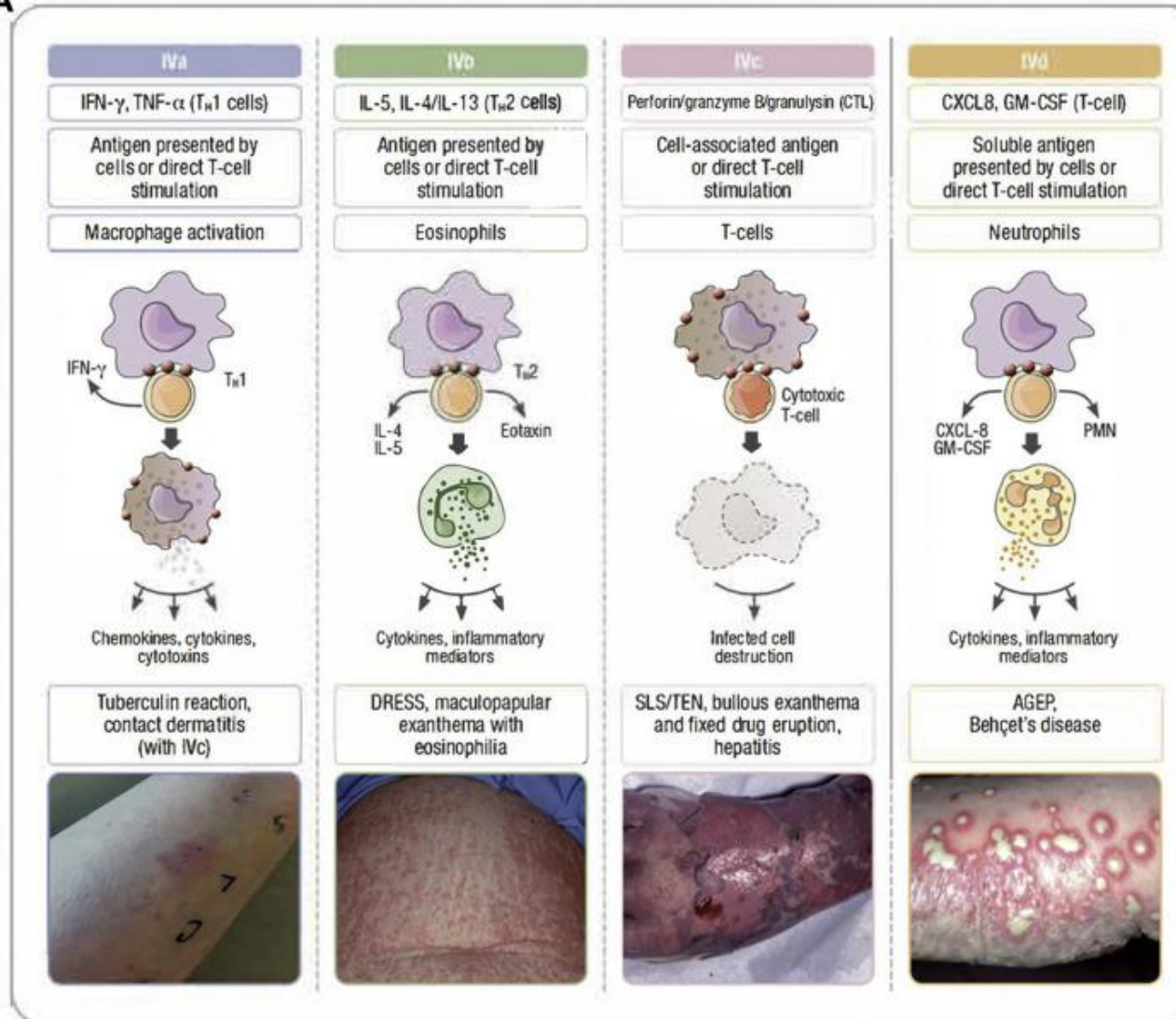
Baseline prior to
discharge



Лекарствена непоносимост

- I, II, III, IV тип
- Уртикария с/без ангиоедем
- Контактен дерматит
- Erythema fixum
- Erythema multiforme
- Бронхоспазъм
- Васкулит
- Цитопении
- Гломерулонефрити
- Синдром на Stevens-Johnson

A



Синдром на Stevens- Johnson / Lyell

- SJS < 10%
- SJS/TEN 10-30%
- TEN >30 %
- Засягане на устната лигавица ~100%
- Засягане на урогениталната лигавица ~70-80%
- Очно засягане – превенция, усложнения

Причини:

- Медикаменти – антибиотици, антикинвулсанти, НСПВС
- *Mycoplasma pneumoniae*

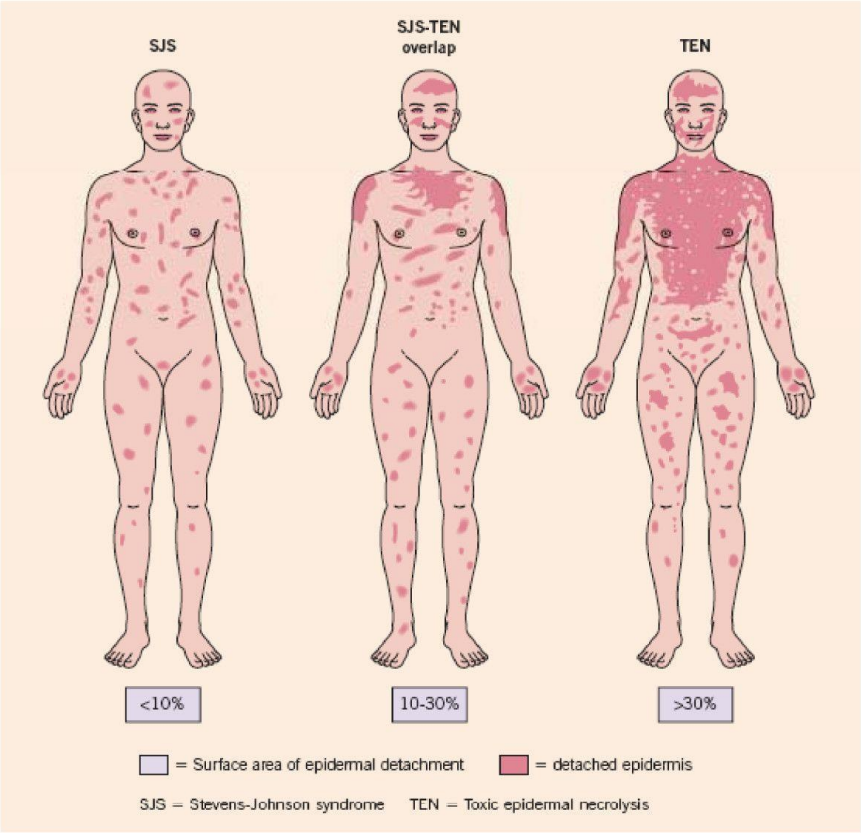


Table 1
clinical features that distinguish sjs, sjs-ten overlap, and ten (adapted after 1)

Clinical entity	SJS	SJS-TEN overlap	TEN
Primary lesions	Dusky red lesions	Dusky red lesions	Poorly delineated erythematous plaques
	Flat atypical targets	Flat atypical targets	Epidermal detachment
			Dusky red lesions
			Flat atypical targets
Distribution	Isolated lesions	Isolated lesions	Isolated lesions (rare)
	Confluence (+) on face and trunk	Confluence (++) on face and trunk	Confluence (+++) on face, trunk, and elsewhere
Mucosal involvement	Yes	Yes	Yes
Systemic symptoms	Usually	Always	Always
Detachment (%body surface area)	< 10	10-30	> 30



Table 5 Details of the algorithm of drug causality for epidermal necrolysis (ALDEN)

Criterion	Values	Rules to apply	
Delay from initial drug component intake to onset of reaction (index day)	Suggestive +3	From 5 to 28 days	−3 to 3
	Compatible +2	From 29 to 56 days	
	Likely +1	From 1 to 4 days	
	Unlikely −1	>56 Days	
	Excluded −3	Drug started on or after the index day	
Drug present in the body on index day		In case of previous reaction to the same drug, only changes for: Suggestive: +3: from 1 to 4 days Likely: +1: from 5 to 56 days	
	Definite 0	Drug continued up to index day or stopped at a time point less than five times the elimination half-life ^a before the index day	−3 to 0
	Doubtful −1	Drug stopped at a time point prior to the index day by more than five times the elimination half-life ^a but liver or kidney function alterations or suspected drug interactions ^b are present	
	Excluded −3	Drug stopped at a time point prior to the index day by more than five times the elimination half-life ^a , without liver or kidney function alterations or suspected drug interactions ^b	
Prechallenge/rechallenge	Positive specific for disease and drug: 4	SJS/TEN after use of same drug	−2 to 4
	Positive specific for disease or drug: 2	SJS/TEN after use of similar ^c drug or other reaction with same drug	
	Positive unspecific: 1	Other reaction after use of similar ^c drug	
	Not done/unknown: 0	No known previous exposure to this drug	
	Negative −2	Exposure to this drug without any reaction (before or after reaction)	
Dechallenge	Neutral 0	Drug stopped (or unknown)	−2 or 0
	Negative −2	Drug continued without harm	
Type of drug (notoriety)	Strongly associated 3	Drug of the “high-risk” list according to previous case–control studies ^d	−1 to 3
	Associated 2	Drug with definite but lower risk according to previous case–control studies ^d	
	Suspected 1	Several previous reports, ambiguous epidemiology results (drug “under surveillance”)	
	Unknown 0	All other drugs including newly released ones	
	Not suspected −1	No evidence of association from previous epidemiology study ^d with sufficient number of exposed controls ^c	
		Intermediate score = total of all previous criteria	−11 to 10
Other cause	Possible −1	Rank all drugs from highest to lowest intermediate score	−1
		If at least one has an intermediate score >3, subtract 1 point from the score of each of the other drugs taken by the patient (another cause is more likely)	
Final score −12 to 10			

<0, Very unlikely; 0–1, unlikely; 2–3, possible; 4–5, probable; ≥6, very probable.

ATC, anatomical therapeutic chemical; SJS, Stevens–Johnson syndrome; TEN, toxic epidermal necrolysis.

^aDrug (or active metabolite) elimination half-life from serum and/or tissues (according to pharmacology textbooks, tentative list available in complementary table), taking into account kidney function for drugs predominantly cleared by kidney and liver function for those with high hepatic clearance. ^bSuspected interaction was considered when more than five drugs were present in a patient’s body at the same time. ^cSimilar drug = same ATC code up to the fourth level (chemical subgroups), see Methods. ^dSee definitions for “high risk,” “lower risk,” and “no evidence of association” in Methods, ref. 15 (detailed list available in complementary table).

Table 4 Other medications with probable causality assessed by ALDEN

Drug	Probable causality (ALDEN)	Other drug with probable/very probable causality (no. of patients)
Ketoprofen	3	Sulfamethoxazole (1)
Valproic acid	3	Lamotrigine (1) Allopurinol (1)
Phenylbutazone and kebutzone	3	Metamizole (1) Allopurinol (1)
Fluoxetine	2	Metamizole (1)
Fluconazole	1	Thiabendazole (1)
Thiabendazole	1	Fluconazole (1)
Metronidazole	1	Phenytoin (1)
Citalopram	1	0
Paroxetine	1	0
Leflunomide	1	0
Thioacetazone	1	0
Naproxen	1	Allopurinol (1)

ALDEN, algorithm of drug causality for epidermal necrolysis.

Algorithm for drug causality in epidermal necrolysis

Диференциална диагноза

Прогноза

- Пемфигус
 - IgA булозна дерматоза
 - Erythema multiforme
 - Стафилококова инфекция (SSSS)
-
- Гранулизин
 - IL – 15
 - HLA – B1502

PRESENTATION OF THE ANTIGEN



Благодаря за
вниманието!

THE CYSTEINE CHAPEL