

INTISARI

Sindrom Steven-Johnson (SSJ) dan nekrolitik epidermal toksik (NET) merupakan kondisi ke daruratan kulit langka yang ditandai dengan pengelupasan epidermis luas dan erosi membran mukosa. Salah satu pengobatan yang paling banyak diberikan untuk terapi penyakit ini adalah obat golongan kortikosteroid. Penelitian ini bertujuan untuk mengetahui profil serta efek samping penggunaan obat kortikosteroid untuk terapi SSJ-NET pasien rawat inap dan luaran klinisnya.

Penelitian ini merupakan studi observasional *cross sectional* dengan data retrospektif dari rekam medis pasien SSJ, SSJ *overlap* NET, dan NET yang dirawat inap di RSUP Dr. Sardjito Yogyakarta pada periode Januari 2019–Januari 2025. Data dianalisis secara deskriptif mencakup jenis, dosis, rute pemberian, dan durasi penggunaan kortikosteroid, kejadian efek samping terkait, serta luaran klinis sebagai indikator efektivitas terapi. Data disajikan dalam bentuk tabel dan persentase angka kejadian.

Penelitian ini melibatkan 96 pasien diantaranya 53 pasien SSJ, 14 pasien SSJ *overlap* NET, dan 29 pasien NET. Metilprednisolon merupakan jenis kortikosteroid sistemik yang paling banyak diresepkan (88%), baik pada pasien dewasa, hamil, maupun pediatri. Pemberian paling banyak melalui rute intravena dengan dosis 1x125 mg/hari. Jenis kortikosteroid sistemik lain yaitu deksametason dan prednison. Kortikosteroid topikal paling banyak diresepkan yaitu salep kulit desoximetason (15%). Rute pemberian kortikosteroid secara keseluruhan meliputi intravena, oral, dan topikal, dengan pemilihan rute serta durasi terapi disesuaikan dengan kondisi klinis dan respon terapi pasien. Efek samping tercatat pada 19 pasien (20%) meliputi kejadian hiperglikemia, DM *induced* steroid, mual dan muntah, *moon face*, dan leukemoid *reaction related* steroid. Luaran klinis pasien menunjukkan perbaikan pada 80% pasien meliputi perbaikan keluhan pada kulit, mata, mulut, genital, dan nyeri, normalisasi data laboratorium, serta stabilisasi cairan dan elektrolit pasien.

Kata kunci: Efek samping, Kortikosteroid, Profil obat, Sindrom Steven-Johnson

ABSTRACT

Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are rare skin emergencies characterized by extensive epidermal peeling and mucosal membrane erosion. One of the most widely used treatments for this disease is corticosteroids. However, until now the use of corticosteroids in SJS-TEN therapy is still a debate and requires special attention. This study aims to determine the profile and side effect of corticosteroid drug use for SJS-TEN therapy in hospitalized patients and its clinical outcomes.

This study is an observational cross-sectional study with retrospective data from medical records of patients with SJS, SJS overlap TEN, and TEN who were hospitalized at RSUP Dr. Sardjito Yogyakarta in the period January 2019–January 2025. Data were analyzed descriptively including the type, dose, route of administration, and duration of corticosteroid use, the occurrence of related side effects, and clinical outcomes as indicators of the effectiveness of therapy. Presentation of data in the form of tables of incidence rates and percentages

This study involved 96 patients including 53 patients with SJS, 14 patients with SJS overlap TEN, and 29 patients with TEN. Methylprednisolone is the most commonly prescribed type of systemic corticosteroid (88%), both in adult, pregnant, and pediatric patients. The most common administration is via the intravenous route with a dose of 1x125 mg/day. Other types of systemic corticosteroids are dexamethasone and prednisone. The most commonly prescribed topical corticosteroid is desoximetasone skin ointment (15%). Overall routes of corticosteroid administration include intravenous, oral, and topical, with the selection of the route and duration of therapy adjusted to the patient's clinical condition and response to therapy. Side effects were recorded in 19 patients (20%) including hyperglycemia, steroid-induced DM, nausea and vomiting, moon face, and steroid-related leukemoid reaction. Clinical outcomes of patients showed improvement in 80% of patients including improvement in complaints of the skin, eyes, mouth, genitals, and pain, normalization of laboratory data, and stabilization of patient fluids and electrolytes.

Key words: Stevens-Johnson syndrome, corticosteroid, drug profile, side effect