INTISARI

Obat merupakan kebutuhan dasar dalam terapi farmakologis, namun dapat menimbulkan efek yang tidak dikehendaki atau *Adverse Drug Reaction*, salah satunya Sindrom Stevens-Johnson (SSJ). Sindrom Stevens-Johnson merupakan reaksi mukokutan akut yang ditandai nekrosis dan pengelupasan epidermis luas pada kulit, mukosa, dan mata yang dapat menyebabkan kematian. Tatalaksana terapi pada penyakit ini bersifat individual setiap pasien. Penelitian ini bertujuan untuk mengetahui dan menggambarkan dugaan penyebab, terapi, serta luaran terapi pada pasien SSJ di RSUP Dr. Sardjito tahun 2024–2025.

Metode penelitian dilakukan secara *cross-sectional* dengan pengambilan data secara retrospektif melalui data rekam medik pasien. Populasi dalam penelitian ini adalah seluruh pasien yang didiagnosis SSJ dengan kode ICD10 L51.1, menjalani terapi di RSUP Dr. Sardjito selama periode tahun 2024–2025, serta tercatat lengkap pada data rekam medik. Data yang diambil meliputi karakteristik pasien, riwayat infeksi, riwayat penggunaan obat, serta terapi yang diberikan. Algoritma Naranjo digunakan untuk menilai probabilitas hubungan antara penggunaan obat dan kejadian SSJ. Data kemudian dianalisis secara deskriptif dan disajikan dalam bentuk distribusi frekuensi dan persentase untuk menggambarkan karakteristik pasien, dugaan penyebab, terapi, serta luaran terapi pasien.

Terdapat 28 pasien SSJ di RSUP Dr. Sardjito tahun 2024–2025 dengan dugaan penyebab obat, infeksi, kombinasi obat infeksi, dan idiopatik. Obat merupakan dugaan penyebab terbanyak yaitu 23 pasien (82%), dengan parasetamol dan sefiksim sebagai dugaan penyebab terbesar masing-masing sebanyak 6 pasien (21%). Terapi yang diberikan bervariasi sesuai kondisi klinis pasien meliputi terapi khusus dan suportif. Terapi khusus berupa kortikosteroid dan siklosporin, dengan metilprednisolon intravena paling banyak digunakan pada 19 pasien (68%). Terapi suportif paling banyak adalah NaCl 0,9% pada 22 pasien (79%) disertai terapi topikal pada mata, mulut, dan kulit. Luaran terapi menunjukkan sebagian besar pasien berada pada kondisi pemulihan sebanyak 20 pasien (71%).

Kata kunci : sindrom stevens-johnson, dugaan penyebab, terapi, luaran terapi

ABSTRACT

Drugs are a basic necessity in pharmacological therapy; however, they can cause Adverse Drug Reactions (ADRs), one of which is Stevens-Johnson Syndrome (SJS). Stevens-Johnson Syndrome is an acute mucocutaneous reaction characterized by necrosis and extensive epidermal detachment of the skin, mucosa, and eyes, which can lead to death. The management of this disease is individualized for each patient. This study aims to identify and describe the suspected causes, therapies, and therapeutic outcomes in patients with SJS at RSUP Dr. Sardjito in 2024–2025.

This study used a cross-sectional design with retrospective data collection through patients' medical records. The population consisted of all patients diagnosed with SJS with ICD-10 code L51.1, who received treatment at RSUP Dr. Sardjito during the period of 2024–2025, and had complete medical records. The data collected included patient characteristics, history of infection, history of drug use, and therapies administered. The Naranjo algorithm was used to assess the probability of the relationship between drug use and the occurrence of SJS. The data were analyzed descriptively and presented in the form of frequency distributions and percentages to describe patient characteristics, suspected causes, therapies, and therapeutic outcomes.

There were 28 SJS patients at RSUP Dr. Sardjito in 2024–2025 with suspected causes including drugs, infections, a combination of drugs and infections, and idiopathic factors. Drugs were the most common suspected cause, accounting for 23 patients (82%), with paracetamol and cefixime as the most frequent suspected drugs, each in 6 patients (21%). The therapies administered varied according to the patients' clinical conditions, including specific and supportive therapies. Specific therapies included corticosteroids and cyclosporine, with intravenous methylprednisolone being the most commonly used in 19 patients (68%). The most common supportive therapy was 0.9% NaCl in 22 patients (79%), along with topical therapies for the eyes, mouth, and skin. Therapeutic outcomes showed that the majority of patients were in recovery, accounting for 20 patients (71%).

Keywords: stevens-johnson syndrome, suspected causes, therapy, therapeutic outcomes