### Steven-Johnsons Syndrome/Toxic Epidermal Necrolysis (SJS/TEN) Study in Indonesia

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## Purpose

- To share the current situation of SJS/TEN study in Indonesia
- To share the HLA allele frequencies of SJS/TEN markers in the population
- To introduce preliminary data of SJS/TEN from several hospitals in Indonesia



### Indonesia (Jakarta) - USA (Bethesda)



- Indonesia spans from Sabang to Merauke
  - The capital is Jakarta
- It takes at least 22 hours by shortest flight from Jakarta Washington DC

## Indonesian Population

- Indonesian population:
   240 million (BPS, 2010),
   consists of ±300 ethnics
- Major ethnics (Ananta et al, 2013:
  - Javanese (J): 40.06%
  - Sundanese (S): 15.51%
  - Melayu (M): 3.7%
  - Bugis (BG): 2.7 %
  - Etc.

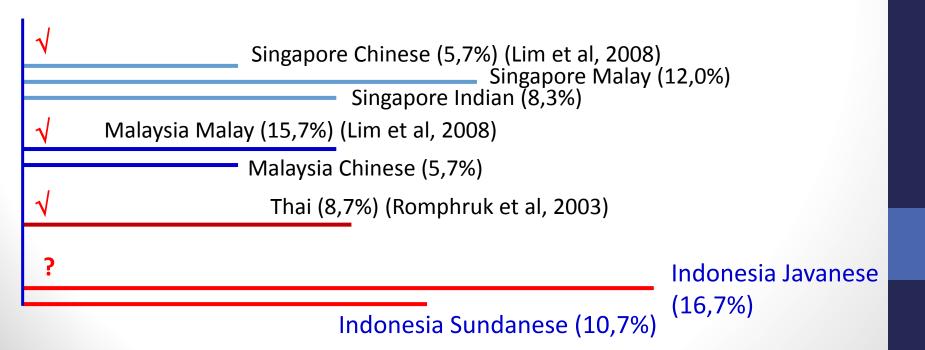


# Current Situation of SJS/TEN Study in Indonesia

- Epidemiology:
  - No national epidemiological data
  - Very limited data --- Data is usually provided by request in some hospitals, but not easy to get the data quickly
    - Usage of traditional medical record (MR) rather than electronic one in most hospitals
    - Hospital recently use electronic MR, can not input all old MR
  - Publication about SJS/TEN in Indonesia :
    - 1 published data in national journal –1 hospital in Sumatra Island
    - 1 upcoming published data with limited period (2011-2013) in national journal – 1 hospital in Central Java

- No reported genetic study of SJS/TEN, but 2 potential genetic markers for SJS/TEN were observed in 2 most major populations (Yuliwulandari et al, 2008):
- --- HLA-B\*58:01 (Allopurinol) = 4.17% (Javanese), 5.97% (Sundanese)
- --- HLA-B\*15:02 (Carbamazepine) = 16.7% (Javanese), 10.7% (Sundanese)
  - **V** B\*15:02 as a marker for Carbamazepin (CBZ)-SJS/TEN have been reported in many countries including Southeast Asian Countries

### **Comparison of B\*15:02 frequency in Southeast ASIAN Countries**



## PRELIMINARY DATA OF SJS/TEN

## Data of SJS/TEN from Several Hospitals in Indonesia

Type of cADR	Case
CBZ-SJS/TEN	10
Other drugs- SJS/TEN	48
Other forms of cADR	41



cADR: Cutaneous Adverse Drug Reaction

# Why It is not easy to find CBZ-SJS/TEN in Indonesia?

- CBZ is used in Psychiatric and Neurologic Diseases:
  - Psychiatric Diseases not as a single drug
    - Acute manic
    - Bipolar disorder
    - Children: Atention Deficit/Hyperactivity Disorder (ADHD) and Conduct Disease
  - Neurologic Diseases

     can be single drug
    - Partial and Generalized seizure
    - Neuropathic pain, Neuralgia trigeminal, Post herpes zoster, Hernia Nucleus pulposus, Low back pain
- There are 2 types of Health services in Indonesia:
  - Hospitals, includes distric and central hospitals
    - CBZ is effective and cheap, but Valproic Acid and Phenytoin is preferred by clinicians ---- freightened of side effect of CBZ !!!
  - Public Health Services
    - Knowledge limitation: Epilepsy~ Luminal and Phenytoin, rather than CBZ

## Most Causative Drugs Causing SJS-TEN

- 1. Anti viral: Nevirapine
- 2. Entiepileptic: Carbamazepin
- Antibiotic: Cephalosporin, Cotrimoxazol, Cyprofloxacine, Sulfadiazine, Amoxycillin, Antileprocy, Tetracyclin
- 4. Nonsteroid Anti Inflammatory Drugs: Ibuprofen, Aspirin, Mefenamic Acid, Paracetamol, Metampiron, Pyroxicam
- 5. Allopurinol
- 6. Chloroquin
- 7. Traditional Medicine
- 8. Unknown

## Most Causative Drugs causing Other forms of cADR

### Causative drugs:

- Diuretic: Furosemid
- 2. Nonsteroid Anti Inflammatory Drugs: Paracetamol, Aspilet, Na Diclofenac, Metampiron, Ibuprofen
- 3. Antibiotics: Cyprofloxacin, Cefadroxil, Cefixim, Ceftriaxon, Erythromycin, Oral Anti Tuberculosis, Cotrimoxazole
- 4. Vitamin C
- 5. Antiviral: Efavirenz

#### Other Forms of cADR

- Maculopapular erruption
- Fixed Drug Erruption
- Erythroderma

### Conclusion

#### • In Indonesia:

- There is no sufficient epidemiology data of SJS/TEN at local, regional and national level ---- needs further study
- There is no genetic study on SJS/TEN ---- needs further study
- There is a lack of sufficient knowledge about drug and side effect, especially in Public Health Services ----Further education/training program for health workers about drug of choice and drugs causing cADR and how to prevent it are needed.

## Thank You