Patients with Stevens-Johnson Syndrome or Toxic Epidermal Necrolysis

1. Examine the vulva.
2. Attempt vaginal examination with narrow speculum and adequate lighting.
3. If vagina involved, or disease close to vagina, start on daily vaginal dilation. The dilator does not need to be left in for an extended period of time with each dilation.
4. If the vulva is involved, start on clobetasol 0.05% ointment qhs. If the vagina is involved, start patient on 50 mg hydrocortisone (ii 25 mg suppositories qhs (insert after dilation done). Once the patient is mobile, these are best placed right before bedtime. (It is OK to use both forms of steroid if both the vulva and vagina are involved). The patient should continue daily vaginal dilation for 2 months (or longer if the vagina is not healed by 2 months). If the patient has not been sexually active, or the vagina is very narrow, use a small vaginal dilator. For all other patients, use a medium vaginal dilator.
5. Arrange follow up with the gynecology resident clinic 2 weeks after patient is discharged from the burn unit.