

## Early Vasopressor and De-resuscitation in Steven Johnson Syndrome with Septic Shock: A Case Report

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**Abstract :** Sepsis is a life-threatening medical emergency frequently observed in intensive care unit (ICU). Surviving Sepsis Campaign in 2018 has recommended the administration of early vasopressor in the first hour of sepsis or septic shock but has not yet included de-resuscitation protocol. De-resuscitation in acute management of septic shock is where patient received active removal of accumulated fluid. It has been proposed by some studies and ongoing clinical trials. Here we present a case with early vasopressor and de-resuscitation. Male, 27 years old presenting to the emergency room with shortness of breath, altered mental status, and widespread blisters on his body and lips started a few hours prior, after receiving non-steroidal anti-inflammatory drug through intravenous injection. Patient was hypotensive, tachycardic, and tachypneic at admission, diagnosed with Steven Johnson Syndrome with Septic Shock. Patient received fluid resuscitation, early vasopressor, and diuresis agent aimed to actively remove fluid after the initial phase of resuscitation. Patient was admitted to ICU and progressively recovering. At day-10, patient was stabilized and was transferred to general ward. Early vasopressor and de-resuscitation are beneficial for the patient.

**Keywords :** sepsis,shock,de-resuscitation,vasopressor,fluid,case report

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