

Supplementary Table 1. Overview of the included cases

No.	Study ID	Age (years), Gender	Medical history	Drug, dosage, indication	Concomitant medications	Diagnosis of the reaction (SCORTEN)	Onset	Summary of the treatment	LOS	Outcome
1	Abou-Elhamd 2009 [14]	38, M	NR	AMX/CLV, 500 mg + 125 mg (625 mg), acute attack of tonsillitis	NS	SJS (NR)	6 hours	Prednisolone in tapering way (60 mg/day for 1 week then reduced over the following week), analgesic and local mouth wash and skin soothing lotion.	NR	Survived
2	Abou-Elhamd 2009 [14]	28, M	NR	AMX/CLV, 500 mg + 125 mg (625 mg), acute attack of tonsillitis	NS	SJS (NR)	2 days	Prednisolone in tapering way (60 mg/day for 1 week followed by reduction in the dose over the second week), analgesic and local mouth wash and skin soothing lotion.	NR	Survived
3	Adzick et al. 1985 [40]	3, F	NR	AMX, NR, otitis media	NS	TEN (NR)	3 days	AMX substituted with erythromycin stearate, fluid resuscitation, constant topical therapy with 0.5% silver nitrate, prolonged crystalloid and plasma requirements, total parenteral nutrition, vancomycin hydrochloride and tobramycin sulfate for bacteremia, massive upper gastrointestinal tract hemorrhage stopped with blood replacement and hemodynamic support. Gastrostomy followed by serial retrograde esophageal dilatations using Tucker dilators, ophthalmologic care including operative lysis of conjunctival adhesions and plans for corneal transplantation.	NR	Survived with sequelae
4	Alajaji et al. 2020 [59]	35, F	No comorbidities	AMX/CLV, NR, NR	NS	TEN (NR)	NR	A delay in her transfer from a nearby private hospital where she was managed by supportive care only with no other interventions.	6 days	Died (>90% skin involvement complicated by sepsis)

5	Alajaji et al. 2020 [59]	16, F	No comorbidities	AMX/CLV, NR, NR	NS	TEN (NR)	NR	NR	70 days	Survived
6	Alajaji et al. 2020 [59]	42, M	Bronchial asthma	AMX/CLV, NR, NR	NS	TEN (NR)	NR	NR	19 days	Survived
7	Bamichas et al. 2002 [41]	23, F	NR	AMX/CLV, NR, NR	NS	TEN (NR)	NR	Debridement of necrotic skin and potassium permanganate soaks were the main local skin therapeutics, underwent daily plasma exchange for 4 days.	NR	Survived
8	Bang et al. 2012 [42]	54, F	Family history of SJS, no history of previous drug reaction	AMX, NR, fever with throat infection	Paracetamol	SJS (NR)	7 days	Suspected drug was withheld. No other information reported.	NR	Survived
9	Bang et al. 2012 [42]	8, F	No family history of SJS, no history of previous drug reaction	AMX, NR, fever	Ibuprofen	SJS (NR)	9 days	Suspected drug was withheld. No other information reported.	NR	Survived
10	Barajas-Ochoa et al. 2020 [15]	18, M	Previously healthy	AMX, NR, otitis media	None	SJS (NR)	2 weeks	NR	NR	Survived
11	Barea-Jiménez et al. 2020 [16]	17, F	No known drug allergies and no contributory past medical history	AMX, NR, sore throat	NS	TEN (NR)	4 days	IVIG, placed under pediatric ICU burn-patient protocol with Sulfamylon, Silvadene 5%, albumin, and vancomycin, intubation, nasogastric feeding tube. Subsequently, IV steroids, IV Decadron, and ophthalmic prednisone, lubrication, and cleansing. Daily oral debridement with hydrogen peroxide, chlorhexidine gluconate 0.12%, and Decadron elixir 0.1 mg (10 mL), tid. Dapsone gel 5%, tid, was applied, intraorally and to the lips. Topical fluoride varnish 5% was applied to her teeth, weekly, and orthodontic bracket covers were used to prevent further mucosal laceration and to avoid the risk of the porcelain brackets'	4 weeks	Survived

								fracturing if removed. Biotene was prescribed to manage her xerostomia.		
12	Barrick and Macatuno 2014 [17]	17, M	Used AMX once prior when he was 9 years old (no reaction at that time), mild intermittent asthma, seasonal allergies, reported marijuana use	AMX, 875 mg twice daily, sore throat and fever of 38.3°C (suspected streptococcal pharyngitis)	Albuterol rescue inhaler, cetirizine	SJS (NR)	3 days (5 doses)	AMX was discontinued by the patient 1 day prior to admission, IV D5-1/2 normal saline, IV methylprednisolone (40 mg every 12 hours), maintenance IV fluids.	3 days	Survived
13	Ben Salem et al. 2014 [43]	78, F	Cerebral infarction	AMX/CLV, NR, NR	NS	TEN (3)	15 days	Supportive treatment. No other information reported.	NR	Died (septic shock, respiratory failure, nosocomial pneumonia)
14	Carmona et al. 2011 [18]	43, F	History of uterine myomatosis and multiple hospital admissions to dermatology with a diagnosis of pustular psoriasis, previously treated with corticosteroids, acitretin, cyclosporine, etanercept and antibiotics	AMX/CLV, NR, NR	NS	TEN (NR)	6 hours	Cyclosporine A 3 mg/kg/day divided into two doses (initially IV, after improvement orally), non-abrasive dressings with chlorhexidine, semi-occlusive dressings with nanocrystallized silver patches (Acticoat®), hemodynamic support, nutritional support control of ophthalmological lesions.	7 days in ICU	Survived
15	Chaidemenos et al. 1997 [44]	52, M	Brain tumor for which he underwent surgery and subsequently X-ray therapy	AMX/CLV, NR, NR	30 mg of prednisone equivalent	TEN (NR)	Less than 48 hours	Four courses of plasma exchange (received therapy every second day), potassium permanganate soaks and debridement of necrotic skin.	NR	Survived
16	Fathallah et al. 2013 [19]	1.5, M	Accidental ingestion of caustic solution resulting	AMX/CLV, 50 mg/kg daily, productive	None	SJS (NR)	3 days	AMX/CLV immediately withdrawn, IV corticosteroid and skin care.	NR	Survived

			in severe esophagogastric necrosis, no known drug allergies		cough					
17	Gacto- Sanchez et al. 2018 [45]	66, F	NR	AMX/CLV, NR, NR	NS	TEN (4)	NR	Topical wound care by deterision with chlorhexidine gluconate 5% solution and rinse with saline of the whole body, followed by application of petrolatum ointment to apparently intact skin. Blistering areas were aspirated if required and covered with Ag controlled release hydrofibers (Aquacell AG) which was left in place until spontaneous detachment, and then replaced if necessary up to complete healing, whereas the other skin areas were dressed every 48 hours.	20 days	Survived
18	Gerdtts et al. 2007 [46]	42, M	Neurological and metabolic comorbidities	AMX, NR, NR	NS	TEN (2)	NR	Corticosteroids, enteral nutrition, inotropics/vasopressors, fluid and electrolyte therapy, treatment with artificial tears and lubricating ointments for conjunctivitis, silver sulfadiazine cream, protection of blisters by fixating with SurfaSoft® or Mepitel®.	13 days in burn unit	Survived
19	Gerdtts et al. 2007 [46]	70, M	Respiratory comorbidity	AMX, NR, NR	NS	TEN (4)	NR	Selective digestive decontamination with polymyxin E, tobramycin, and amphotericin B both through nasogastric tubing and topically around the mouth and rectum), combined with IV treatment with cefotaxim (4 × 1000 mg daily) for 5 days, fluid and electrolyte therapy, treatment with artificial tears and lubricating ointments for conjunctivitis, silver sulfadiazine cream, protection of blisters by fixating with	23 days in burn unit	Survived

								SurfaSoft® or Mepitel®, enteral/parenteral nutrition, inotropics/vasopressors, ventilator.		
20	Hewitt and Ormerod 1992 [20]	37, F	NR	AMX, NR, upper respiratory tract infection	NS	TEN (NR)	Within 24 hours	Initially prednisolone (40 mg/kg/day), then changed to I.V. hydrocortisone (1200 mg/day), parenteral fluid replacement, supportive measures, cyclosporin A (3 mg/kg/day) orally in combination with methylprednisolone (60 mg/day) IV.	NR	Survived with sequelae
21	Ioannides et al. 1994 [47]	77, F	NR	AMX, NR, NR	None	TEN (NR)	3 days	Fluid replacement, nutritional support and local treatment, steroids in a daily dose of 50-120 mg of prednisone equivalent were administered within the first two days.	NR	Died
22	Khairullah and Ismail 2010 [21]	28, M	Head injuries during a road traffic accident, one-month stay in ICU, where he received several IV antibiotics at different intervals, AMX/CLV, piperacillin tazobactam, polymyxin and ampicillin sulbactam. He was later transferred to the neurosurgical ward where he developed a nosocomial infection.	AMX/CLV, NR, nosocomial infection	Cetirizine	SJS (NR)	6 days	Cetirizine and ponstan (mefenamic acid), oral prednisolone, dilute potassium permanganate topically to the areas of blisters and additional topical creams to the erythematous, non-blister areas.	7 days	Survived
23	Koh and Tay 2010 [48]	3, M	NR	AMX/CLV, NR, NR	NS	SJS (NR)	NR	Supportive only. Decisions on treatment were based on the severity of disease, as well as on the preference of the treating physician.	5 days	Survived
24	Koh and Tay 2010 [48]	14, M	NR	AMX, NR, NR	NS	SJS (NR)	2 days	IVIg 1 g/kg/d for 2 days. Decisions on treatment were based on the severity of disease, as well as on the preference of the	45 days	Survived

								treating physician.		
25	Koh and Tay 2010 [48]	5, F	NR	AMX, NR, NR	NS	SJS (NR)	2 days	IVIG 1 g/kg/d for 2 days. Decisions on treatment were based on the severity of disease, as well as on the preference of the treating physician.	13 days	Survived
26	Korkut and Bedel 2020 [13]	29, M	No past medical history.	AMX/CLV, 1 g twice a day orally, acute tonsillitis	NS	SJS (NR)	2 days	AMX withdrawn, IV corticosteroid, skin care, both eyes were closed with sterile eye closure and daily antibiotic ointment and drops were administered, amniotic band was applied to both eyes.	NR	Survived
27	Koštál et al. 2012 [49]	18, F	Year-round allergic rhinitis and conjunctivitis, several infections of the upper respiratory tract, which were treated with antibiotics including sulfamethoxazole + trimethoprim.	AMX/CLV, NR, fever	NS	TEN (NR)	1 day	Initially daily dose of 200 mg hydrocortisone, then complex supportive therapy with the administration of antihistamines (clemastin) and corticosteroids were discontinued. Plasmapheresis was performed for three consecutive days.	15 days	Survived with sequelae
28	Kumar et al. 2020 [22]	42, M	NR	AMX/CLV, NR, sore throat	NS	SJS (NR)	2 doses (time NR)	Parenteral antibiotics, antihistamines, steroids and nutritional supplements.	41 days	Survived
29	Lakshmi Narasimha and Kalpana 2020 [27]	22, M	NR	AMX/CLV and AMX, 625 mg tablet and 250 mg injection twice daily respectively, fever	NS	TEN (1)	3 days	Drugs stopped, dexamethasone injection 2 cc, pheniramine maleate injection 2 cc, promethazine injection 25 mg, silver sulfasalazine ointment and fusidic ointment for topical application.	1 week	Survived
30	Lee et al. 2013 [23]	32, M	HIV-seropositive but asymptomatic. He had stopped taking his highly active antiretroviral medication	AMX, NR, prophylactic use after dental procedure	Mefenamic acid	TEN (1)	4 days	One dose of IV methylprednisolone (20 mg) on 2 nd day, which was discontinued to avoid a potential HIV outbreak. Injections of 50 and 25 mg of etanercept were given on the 3 rd and 5 th day, respectively. Antiretroviral	17 days	Survived

			and missed his HIV follow-up appointment 7 months before.					agents nevirapine and abacavir/lamivudine were prescribed for HIV control on the 4th day of hospitalization. Also received cefazolin and cefadroxil monohydrate.		
31	Limauro et al. 1999 [24]	37, M	No significant past medical history, no known medication allergies, social alcohol use, steel mill worker.	AMX/CLV, 500 mg/125 mg/8h for 10 days orally, pneumonia	None	SJS (NR)	38 days	1 st hospitalization and discharge: Ursodiol, hydroxyzine hydrochloride 25 mg po q6h prn, fluocinonide 0.05% cream twice a day, and clotrimazole 1% cream. 2 nd hospitalization: Cefotaxime 1 g iv q12h and metronidazole 500 mg iv q12h, high-dose steroids, skin care.	1 st time: 4 days 2 nd time: 16 days	Died 10 weeks after AMX/CLV 10-day course (bacteremia, sepsis, and multisystem organ failure)
32	Lin et al. 2014 [60]	9, M	Charlson Comorbidity Index was 0.	AMX, NR, acute tonsillitis	NS	TEN (1)	NR	IVIG	NR	Died (acute respiratory distress syndrome and acute renal failure)
33	Massullo et al. 1988 [25]	60, F	Ductal adenocarcinoma of the breast with brain metastases, had an "allergic" reaction to penicillin in the past.	AMX/CLV, NR, prophylactic use	Dexamethasone, cimetidine, phenytoin	TEN (NR)	24 hours	AMX/CLV and phenytoin were discontinued, dexamethasone was increased to 6 mg every 6 hours, vancomycin and gentamicin, IV fluids, bacitracin ointment, artificial tears, and Lacri-Lube S.O.P. were administered.	11 days	Survived
34	Mori et al. 2017 [26]	16, M	NR	AMX/CLV, NR – orally for 6 days, NR	NS	SJS (NR)	8 days	IV corticosteroids and skin care.	1 week	Survived
35	Mori et al. 2019 [50]	4, F	Had no previous hypersensitivity reaction to antibiotics, including AMX/CLV.	AMX/CLV, NR, Epstein-Barr virus infection (infectious mononucleosis)	NS	SJS (NR)	12 days	NR	NR	Survived

36	Mori et al. 2019 [50]	3, M	Had no previous hypersensitivity reaction to antibiotics, including AMX/CLV.	AMX/CLV, NR, Epstein-Barr virus infection (infectious mononucleosis)	NS	SJS (NR)	10 days	NR		NR	Survived
37	Nassar et al. 2010 [51]	42, M	No history of limited reaction to same drug	AMX/CLV, NR, NR	NS	TEN (NR)	NR	Causative drug was immediately discontinued, prophylactic heparinization, IV fluids, IVIG, a closed-type dressing for the affected areas, and air-fluidized mattresses.		NR	Survived
38	Noskin and Patterson 1997 [52]	39, F	One month before the use of AMX she used penicillin for foot infection and had a subsequent penicillin reaction manifested by a maculopapular dermatitis.	AMX, NR, NR	NS	SJS (NR)	NR	Initially 60 mg of prednisone daily, then prednisone was changed to 80 mg on alternate days. Reduction of prednisone dosage was conducted on a weekly basis. A very slow reduction of prednisone was required over a period of 5 months.		Not hospitalized	Survived
39	Olson et al. 2017 [53]	10, M	Subsequently had 2 more episodes of SJS at 12 and 14 years	AMX, NR, NR	NS	SJS (NR)	NR	Required amniotic membrane graft		13 days	Survived
40	Olson et al. 2017 [53]	10, M	Subsequently had 2 more episodes of SJS at 15 and 17 years	AMX, NR, NR	NS	SJS (NR)	NR	NR		42 days	Survived
41	Olson et al. 2017 [53]	16, M	Previously had 2 episodes of SJS at 13 and 14 years	AMX, NR, NR	NS	Incomplete SJS (NR)	NR	NR		9 days	Survived
42	Önder et al. 2010 [28]	74, M	NR	AMX, 500 mg tablets 2x1, pneumonia	NS	SJS (NR)	2 days	IV hydration therapy, nasogastric tube and enteral nutrition, IV levofloxacin 750 mg/day, lesions on the trunk, back, face and lips were wet-dressed with a local diflucortolone valerate-chlorquinaldol-vaseline mixture and 0.9% NaCl, prednisolone 60 mg/day IV, lomefloxacin		NR	Survived

								eye drops, polyvinyl alcohol+Povidone drops, and carbomer gel for eyes.		
43	Patel et al. 2015 [29]	16, F	NR	AMX, capsule 500 mg /12h, throat pain	Paracetamol	TEN (NR)	1 dose (time NR)	Both AMX and paracetamol were withdrawn immediately. IV dexamethasone 8 mg/day × 5 days (gradually tapered over a period of 15 days to 2 mg/day) along with IV pheniramine maleate 50 mg bd × 5 days and thereafter SOS. IVIG 15 gm/day was given from the 2 nd day of admission × 3 consecutive days. Injection ceftriaxone 1 gm bd × 3 days, followed by injection azithromycin 500 mg od × 5 days, followed by injection meropenem 1 gm tds × 15 days and injection linezolid 600 mg bd × 15 days. Skin, oral and ophthalmic lesions were treated symptomatically. Supportive measures included IV fluids and correction of electrolyte imbalance. Discharged with topical antibiotics for skin lesions and oral prednisolone in tapering doses.	30 days	Survived
44	Rabelink et al. 2003 [30]	64, F	4 months earlier urticarial skin lesions treated with antihistamine. Progressive fatigue and muscle weakness in generalized edema, subclinical hypothyroidism, diffuse paraparesis which was more pronounced in the legs than in the arms,	AMX, NR, pneumococcal pneumonia with positive blood cultures	Prednisone	TEN (NR)	Few days	AMX was replaced by erythromycin, IVIG (0.4 mg/kg) due to progressive skin peeling during prednisone use, but without any results. She was then transferred to the intensive care unit of a burn center. Despite maximum supportive therapy, she died there a few days later.	NR	Died of multiorgan failure and sloughing of 70% of the skin

			paresis of the facial muscles and areflexia (systemic disease with disabling myositis and polyneuropathy which required prednisone treatment).							
45	Rawte et al. 2015 [31]	30, F	8 weeks of gestation, epilepsy, no history of any allergy to drugs and food products	AMX/CLV, NR, high grade fever with common cold	Levetiracetam	SJS (NR)	4 days	IV fluids, oral toileting every 2 hours, topical steroids, analgesics and antacids. Discharged with topical steroids and mouth washes.	7 days	Survived with sequelae
46	Romańska-Gocka et al. 2010 [32]	54, F	Agoraphobia, insulin-dependent diabetes and arterial hypertension.	AMX, NR, acute bronchitis	NS	SJS/TEN overlap (NR)	2 doses (time NR)	IV fluid replacement, steroid IV therapy with dexamethasone, initially 8 mg three times a day, tapered gradually during 12 days, ciprofloxacin for urinary tract infection, systematic control of glucose level, topical antimicrobial dressings and ophthalmological care.	3 weeks	Survived with sequelae
47	Sato et al. 2018 [54]	7, F	NR	AMX, NR, NR	NS	SJS (NR)	NR	Causative/suspicious drug was discontinued, glucocorticoid (1 mg/kg), supportive care which included fluid and electrolyte balance, and nutrition.	9 days	Survived
48	Sever et al. 2011 [33]	41, F	NR	AMX, NR, NR	NS	TEN (NR)	NR	Treated in ICU of general surgery at another hospital, then in burn center. Mechanical ventilation was performed, but she later died.	NR	Died from systemic inflammatory response syndrome
49	Shammas et al. 2010 [55]	18, F	NR	AMX, NR, dental prophylaxis	NS	TEN (NR)	NR	Both eyes were treated with amniotic membrane by Prokera application (ocular surface was only partially covered), frequent application of corticosteroid ophthalmic ointment (fluorometholone ointment 0.1%,	NR	Survived with sequelae

								applied every 1 to 2 hours) which was tapered as soon as there was evidence of healing (typically within 1 to 2 weeks of admission), prophylaxis regimen of bacitracin ointment and a fluoroquinolone antibiotic, topical cyclosporine 4 times a day, bandage contact lenses to keep the cornea epithelialized.		
50	Shammas et al. 2010 [55]	2, F	She is one of triplets; all triplets received AMX, but only she developed SJS.	AMX, NR, ear infection	NS	TEN (NR)	NR	Both eyes were treated by amniotic membrane which was applied to the total ocular surface, frequent application of corticosteroid ophthalmic ointment (fluorometholone ointment 0.1%, applied every 1 to 2 hours) which was tapered as soon as there was evidence of healing (typically within 1 to 2 weeks of admission), prophylaxis regimen of bacitracin ointment and a fluoroquinolone antibiotic, topical cyclosporine 4 times a day,	NR	Survived with sequelae
51	Sibbald et al. 2020 [39]	17, M	NR	AMX/CLV, NR, NR	NS	NR (Pediatric: 2)	NR	IVIg (1 g/kg/d × 6 d), intubation	31 days	Survived with sequelae
52	Sibbald et al. 2020 [39]	6, F	NR	AMX, NR, NR	NS	NR (Pediatric: 1)	NR	IVIg (2 g/kg/d × 3 d) + Prednisone 2 mg/kg/d with taper over >6 weeks	16 days	Survived
53	Srinivasan et al. 2019 [34]	63, M	Not hypersensitive to any sort of medications and neither was his family.	AMX, one dose of 500 mg, fever	NS	SJS (NR)	12 hours	Parenteral antimicrobial (Inj. cefotaxime 1 g, bd), antibiotic (T. Chloramphenicol maleate 4 mg, bd), treatment of injuries (Oint. triamcinolone acetonide buccal glue 0.1%), and steroids beginning from the third day (T. prednisolone 5 mg, od).	NR	Survived
54	Struck et al. 2012 [56]	80, F	NR	AMX, NR, NR	NS	TEN (3)	NR	Decompressive laparotomy, fluid resuscitation, vasopressors and albumin were	6 days	Died of multiple

								additionally used when crystalloid fluid administration was not sufficient to maintain hemodynamic stability, enteral nutrition assisted by additional parenteral nutrition, wounds were dressed with aseptic solutions and covered with aseptic blankets, large blisters were aspirated and the sloughed epidermis was removed, whereas smaller blisters with fixed surrounding skin remained after incision to act as a biological dressing, the changes of wound dressings and cautious removal of dead epidermis was performed regularly, tracheally intubated and mechanically ventilated.		organ failure and uncontrolled septic shock
55	Su and Aw 2014 [61]	16, F	No comorbidities	AMX, NR, NR	NS	SJS (NR)	1 day	NR	7 days	Survived
56	Sugino et al. 2013 [35]	10, F	She experienced SJS at the age of 10, and two months after onset of SJS she was diagnosed with bronchiolitis obliterans, at 25 years she was admitted for treatment of complications.	AMX, NR, NR	NS	SJS (NR)	NR	SJS was treated with large amounts of corticosteroid. Treatment after being admitted for bronchiolitis obliterans associated with SJS: thoracoscopic cyst stitch surgery for right pneumothorax, a single dose of carbapenem antibiotics administered due to postoperative infection led to anaphylactic shock which was treated with corticosteroids, tracheotomy with continuous mechanical ventilation, azithromycin was administered to treat a chronic respiratory tract infection.	NR	Died after 17 years from the onset of bronchiolitis obliterans due to septic shock with an exacerbation of type II chronic respiratory failure.
57	Surbled et al. 1996 [36]	2, M	No particular history, previously received cefatrizine without any side effects.	AMX, NR, nasopharyngitis complicated by ear infection and	Carbocisteine	TEN (NR)	8 days	AMX was replaced with penicillin V (later penicillin V was also stopped), oral feed was suspended and a silicone venous catheter was placed through the right internal jugular and	30 days	Survived with sequelae

				bronchitis				<p>tunneled under general anesthesia, urethral catheter was placed because of the risk of stenosis, albumins, analgesia combined continuous IV morphine with IV propacetamol. The local treatment combined daily balneation, multi-daily sprays of chlorhexidine (diluted in physiological serum), he balneations were carried out under general anesthesia (propofol, alfentanil) in spontaneous ventilation with a face mask for 8 days. From the onset of healing, the anesthesia was replaced by intrarectal premedication (midazolam, ketamine). Further care was preceded by the administration of an IV bolus of morphine. Antibiotic therapy combining vancomycin, amikacin, ciprofloxacin and ornidazole was started by the IV route. The treatment also included oxygen therapy and clonazepam.</p>		
58	Teo et al. 2009 [57]	41, M	Hypertension	AMX, NR, upper respiratory tract infection	NS	TEN (3)	1 day	<p>IVIG (total 3 g/kg), adult respiratory distress syndrome required supportive ventilation, extensive rhabdomyolysis and acute renal failure required continuous veno-venous hemofiltration, nosocomial pneumonia resolved with aztreonam, Pseudomonas aeruginosa and Candida were treated with ciprofloxacin and fluconazole, placed on good local treatment and meticulous wound care such as loose dressings without adhesives as well as minimal skin handling to prevent further damage to the skin, good eye and oral care.</p>	>56 days	Survived

59	Unnisa et al. 2021 [37]	12, F	NR	AMX/CLV, NR, fever and sore throat	NS	SJS (NR)	NR	Ceftriaxone, betadine mouthwash, candid ointment and nutritional supplements, systemic steroids (dexamethasone) and local application of mucopain oral gel (benzocaine).	2 weeks	Survived
60	Van Batavia et al. 2017 [62]	5.9, F	NR	AMX, NR, NR	NS	NR (NR)	NR	Genitourinary involvement treatment: petroleum jelly	16 days	Survived
61	Van Batavia et al. 2017 [62]	17.9, M	NR	AMX/CLV, NR, NR	NS	NR (NR)	NR	Genitourinary involvement treatment: Foley urethral catheter	31 days	Survived
62	Wang and Mei 2017 [63]	67, F	Type II diabetes	AMX, NR, upper respiratory tract infection	NS	TEN (3)	NR	Methylprednisolone 160 mg/d, IVIG 20 g/day	NR	Died after 46 days from pulmonary embolism
63	Ward et al. 1990 [58]	26, F	NR	AMX/CLV, NR, upper respiratory tract infection	NS	TEN (NR)	2 days	Initially systemic steroids which were later withdrawn, then ciprofloxacin for septicemia due to <i>S. aureus</i> , standard regimen of vitamin supplements, antacids and histamine H2-receptor antagonists, hemodialysis for 3 weeks. She has remained on low-dose steroid and antibiotic eyedrops as bulbar inflammation and infiltrates occurred each time these drugs were stopped.	62 days	Survived with sequelae
64	Zaidi et al. 2017 [38]	32, F	NR	AMX/CLV, NR, sore throat	NS	SJS (NR)	1 dose (time NR)	Immediate withdrawal of the offending agent followed by supportive care, piperacillin/tazobactam 4.5 g IV 3 times a day, linezolid 600 mg IV 2 times a day, albumin 50 ml IV once a day for 3 days, pheniramine 8 mg IV twice a day, tablet fluconazole 150 mg once weekly, tablet loratadine 10 mg at bed time daily, tablet	NR	Survived

folic acid 5 mg once daily, syrup
paracetamol two teaspoons full three times a
day, syrup K-lyte (potassium bicarbonate
potassium citrate) two teaspoon full three
times a day, potassium permanganate mouth
wash, polymyxin B ointment, fusidic cream,
nystatin drops, saline wash. Following drugs
were given for deep vein thrombosis:
rivaroxaban 15 mg twice a day for seven
days, then shifted to warfarin 10 mg once a
day, enoxaparin sodium 60 mg SC twice a
day.

Abbreviations: AMX – Amoxicillin; AMX/CLV – Amoxicillin/clavulanic acid; F – female; ICU – intensive care unit; IM – intramuscular; IV – intravenous; IVIG – IV immunoglobulin; LOS: length of stay in hospital; M – male; NR – not reported; NS – not specified whether the patient received any concomitant medications; SC – subcutaneous; SCORTEN – severity-of-illness score for toxic epidermal necrolysis; SJS – Stevens-Johnson syndrome; TEN – toxic epidermal necrolysis.