

Staphylococcal Scalded Skin Syndrome

A 11-day-old neonate presented with exfoliating erythematous lesions in the perioral area for last 12 hours. Two hours after admission, he started having an erythematous diffuse rash, with extensive generalized lesions, blisters and profuse epidermal peeling, with positive Nikolsky sign (**Fig. 1**). Swabs collected from the cutaneous lesions yielded a pure growth of methicillin-sensitive *Staphylococcus aureus*. Skin biopsy was inconclusive. We started empiric antibiotic treatment with intravenous flucloxacillin and gentamicin, with complete recovery of the affected skin within five days.

Scalded skin syndrome is a rare, rapidly progressive and potentially life-threatening disease. It is caused by *S. aureus* exfoliative toxins that spread hematogenously from a localized source causing widespread epidermal damage. Clinical differential diagnoses include epidermolysis bullosa (inherited diseases that manifest as blistering or erosion of the skin and, in some cases, the epithelial lining of other organs), toxic epidermal necrolysis (severe adverse drug reaction characterized by rapid progression from erythematous, purpuric rash to widespread blistering and denudation of skin) and bullous impetigo (fragile fluid-filled vesicles and flaccid blisters caused by pathogenic strains of *S. aureus* restricted to the area of the infection).

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(a)

(b)

FIG.1 (a) Exfoliating erythematous lesions in the perioral area; (b) Erythematous diffuse rash with extensive generalized lesions, positive Nikolsky sign.