Staphylococcal Scalded Skin Syndrome in a Preterm Infant

Gamze Demirel[1], Sifa Sahin[1], Hande Nur Karavar[1], Semra Gundogdu[1], Binay Vatansever[1], Mavise Yuksel[2], Ayhan Tastekin[1]

[1]*Division of Neonatology, Istanbul Medipol University, Istanbul, Turkey*
[2]*Department of Dermatology, Istanbul Medipol University, Istanbul, Turkey*

A male infant was delivered by cesarean section at 26 weeks and 3 days gestational age and weighed 1020 grams. Apgar scores were 7 and 8 at 1st and 5th minutes, respectively. The baby was hospitalized for prematurity, and given one dose of surfactant therapy on the first day of life. Empirical ampicillin and gentamicin therapy was started on the first day of life and continued for ten days. He also received high-flow oxygen through nasal cannula. The patient had neither clinical nor culture-proven sepsis attacks. On the 25th day of his life, the patient developed diffuse blanching erythema which started around the nose followed by appearance of bullous lesions on the extremities, neck and upper back regions (Figure 1). The bullae subsequently ruptured leaving an erythematous area of the skin. Clinical diagnosis was staphylococcal scalded skin syndrome. Blood cultures did not yield any growth but nose culture was positive for oxacillin-sensitive Staphylococcus aureus. Cefazolin treatment was administered for ten days. The wound area was covered with fucidic acid. On the 4th day of life, epithelisation began and was complete on the 8th day of life. Afterwards, no skin problem was observed.

Staphylococcal scalded-skin syndrome (SSSS) is a toxin related epidermolytic disease that usually affects infants and children. The hematogenous spread of exfoliative toxins A (ETA) or B (ETB) produced by specific Staphylococcus aureus strains causes a scald-like eruption with disseminated bullous lesions [1, 2].

Rapid diagnosis and immediate appropriate antibiotic therapy are essential to prevent secondary infections [3].

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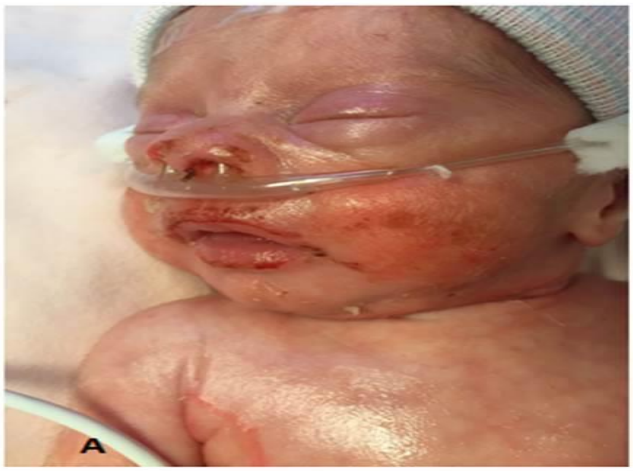
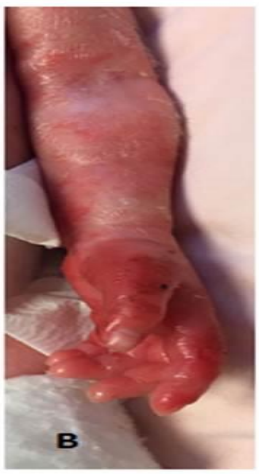
Figure 1 (A and B): Diffuse blanching erythema starting around the nose followed by appearance of bullous lesions on the extremities, neck and body





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Correspondence to: Dr Gamze Demirel

Address: Department of Neonatology, Istanbul Medipol University, Istanbul, Turkey

Email: fgdemirel@medipol.edu.tr

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