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Staphylococcal Scalded Skin Syndrome in a Child with Nephrotic Syndrome on Steroid Therapy.

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ABSTRACT

Staphylococcal scalded skin syndrome (SSSS) is a rapidly progressive exfoliative disease of the skin due to Staphylococcus aureus toxins A or B. Prognosis is favourable, the 4% reported deaths occurring mainly because of dehydration or bacterial superinfection.

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Keywords: Staphylococcal scalded skin syndrome, nephrotic syndrome, steroid therapy.

INTRODUCTION

Staphylococcal scalded skin syndrome (SSSS) is a rapidly progressive exfoliative disease of the skin due to *Staphylococcus aureus* toxins A or B.[1] Immunosuppressive states like steroid therapy as in the case of nephrotic syndrome are risk factors for developing such life threatening infections.[2]

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CASE REPORT

A 5-year-old boy, on steroid treatment (prednisolone, 2 mg/kg/day) for the first episode of nephrotic syndrome (3rd week) presented with a generalized vesiculo-bullous rash within 48 hours of evolution of bullous impetigo on the thigh. He had a generalized rash with confluent areas and Nikolsky sign with no mucosal lesions. Throat swab was positive for *Staphylococcus aureus*. Skin biopsy confirmed the diagnosis of SSSS. Steroid was stopped. Treatment with intravenous ceftriaxone and cloxacillin showed good results [Figure 1].

During the treatment course urine protein was negative. Later on the lesions healed without scarring .Since urine protein was negative, 2 weeks later he was started on steroid (1.5 mg/kg alternate day for 6 weeks) to complete the initial treatment of nephrotic syndrome.

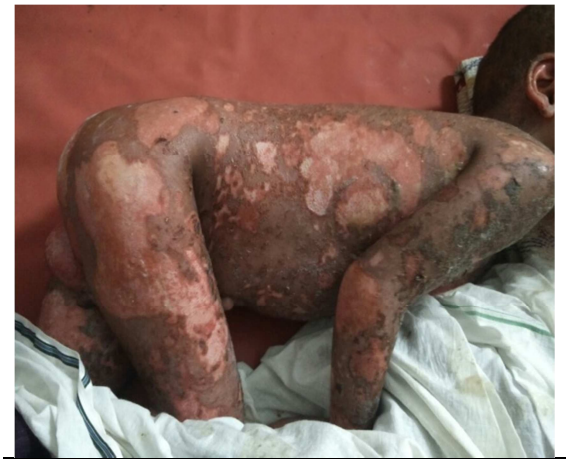

Figure 1: Erythematous desquamating lesions after starting treatment (day 4).

DISCUSSION

SSSS is a toxin mediated, epidermolytic condition caused by remote production and haematogenous circulation of toxins that predominantly affect young children. Diagnosis of SSSS is clinical in 70% instances.[1] Patients with nephrotic syndrome, a common childhood glomerulopathy, are at risk for such life threatening infections, as in this case. First-line treatment comprises anti-staphylococcal penicillins given intravenously along with supportive management. Stress dose is indicated if patient has been given high dose steroids for over a fortnight in the last year.[2] Prognosis is favourable, the 4% reported deaths occurring mainly because of dehydration or bacterial superinfection.[1]

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