

CASE 27-3

A 5-year-old child presents with a 2-day-history of fever and the onset of widespread erythema with skin peeling in the skin folds in the past 24 hours.

What is the one most likely diagnosis?

- (A) Intertrigo
- (B) Candida dermatitis
- (C) Staphylococcal scalded skin syndrome (SSSS)
- (D) Viral exanthem
- (E) Scarlet fever



The correct answer is (C), staphylococcal scalded skin syndrome (SSSS).

Staphylococcal scalded skin syndrome typically presents in the skin folds initially (neck, axillae, and inguinal creases). It is toxin mediated, which results in cleavage of the epidermal protein desmoglein 1 and the peeling manifestation. Culture of the peeling lesions will be negative. Diagnosis can be made clinically or histologically with biopsy. Many times there is an initial pustule or injury that allows for bacterial entry and infection; culture of this lesion may be positive. Parenteral antibiotics should be started in infants, or if the patient is febrile with decreased oral intake. In older patients who are not ill-appearing, oral antibiotics are sometimes acceptable. SSSS is more common in younger children and is thought to be due to lack of appropriate antibody response and decreased renal clearance of the toxin. Postinflammatory hyperpigmentation is possible following resolution of the rash. Recurrence is rare.

Intertrigo and candida are not accompanied by fever and the lesions are typically not widespread. Viral exanthems rarely result in widespread peeling of the skin. Clinical signs of streptococcal pharyngitis and a “strawberry tongue” are often seen in scarlet fever.