

# Staphylococcal Scalded Skin Syndrome in an Extremely Premature Neonate

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## ABSTRACT

Staphylococcal scalded skin syndrome is a rare diagnosis in neonates. We present an extremely premature neonate presenting with bullous lesions all over the body on day 20 of life. The lesions ruptured leaving erythematous, tender raw areas. Nikolsky's sign was positive and clinical diagnosis of staphylococcal scalded skin syndrome was made. His blood culture grew *Staphylococcus aureus* and *Klebsiella pneumoniae*. His umbilical swab culture grew *S. aureus*. The baby was treated with cloxacillin, piperacillin/tazobactam and clindamycin. The lesions healed in 7 days. The baby was discharged with normal skin and normal neurological condition.

## INTRODUCTION

A 28 weeks/828 gm, third of triplets neonate, was born to 4th gravida mother by preterm onset of labor. Immediately after birth, the baby developed hyaline membrane disease which was managed with surfactant given at 5 hours of life, continuous positive airway pressure for initial 2 days and thereafter nasal intermittent mandatory ventilation for next 3 days before tapering on day 7. Baby received antibiotics for initial 7 days for suspected sepsis, which manifested in form of recurrent apnea and hypoglycemia. Baby remained asymptomatic from 8th to 20th day of life and was receiving expressed breast milk, nutritional supplements (multivitamin and calcium/phosphate) and was started on kangaroo mother care on day 18 of like. Baby developed abdominal distension on day 20 of life along with blisters over face, neck, abdomen, arms, hands, legs and feet (Fig. 1). Nikolsky's sign was positive (outer layer of epidermis easily separable from the basal layer).<sup>1</sup> The clinical presentation was consistent with staphylococcal scalded skin syndrome.<sup>2</sup> The blood culture of the baby grew *S. aureus* and *K. pneumoniae*. The baby did not have any risk factor for infection as there was no intravenous cannula, and the baby was receiving



**Fig. 1:** Neonate showing characteristic skin lesions

expressed breast milk through orogastric tube. The only new intervention in the baby's management in past 48 hours was initiation of kangaroo mother care. Hence, we sent mother's skin swabs from multiple skin sites including chest, abdomen and hands. Mother's cultures grew coagulase negative *Staphylococcus*. We also sent swabs from baby's umbilical stump and nasopharynx. His umbilical swabs grew *S. aureus*. The baby was started on intravenous

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fluids, piperacillin/tazobactam and cloxacillin. Clindamycin was added for initial 10 days to decrease the toxin production.<sup>2</sup> The lesions were covered with sterile gauze dressings and his electrolytes were closely monitored. The lesions healed completely in next 7 days. Baby got discharged on day 36 of life and was neurologically normal at the time of discharge. The final diagnosis was staphylococcal scalded skin syndrome and the possible source was from umbilical stump.

## REFERENCES

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