STAPHYLOCOCCAL SCALDED SKIN SYNDROME

What are the aims of this leaflet?

This leaflet has been written to help you understand more about staphylococcal scalded skin syndrome. It tells you what it is, what causes it, what treatment is available, and where you can find out more about it.

What is the staphylococcal scalded skin syndrome?

Staphylococcal scalded skin syndrome is a widespread painful rash caused by bacteria called *Staphylococcus aureus*. This germ produces a toxin that causes the outer layer of the skin to be shed.
When a toxin-producing type of *Staphylococcus aureus* infects the skin, it can cause easily-torn blisters to appear at the site of infection. This condition is known as the bullous (blistering) type of impetigo.
The toxin is removed by the immune system and the kidneys. If either is not working properly, the toxin can circulate in the blood and can then affect most of the body's surface. The skin then resembles a scald or burn, which is why this condition is called the staphylococcal scalded skin syndrome. The toxin can also cause the upper layer of the skin detach and to peel and crust.

What causes the staphylococcal scalded skin syndrome?

*Staphyloccoccus aureus*is the commonest bacteria to infect the skin, eyes and nose. For example, it is the usual cause of:

- impetigo
- boils and abscesses
- styes and conjunctivitis
- infections in grazes and wounds
- infections in skin conditions such as eczema

In young children, especially newborns, the immune system and kidneys are not fully developed, and this explains why they are most commonly affected. Staphylococcal scalded skin syndrome is rare in adults, but can affect those with kidney failure and immune deficiency, as well as those on immune suppressant drugs or undergoing chemotherapy.

The staphylococcus germ can be passed from person to person via towels, and droplets from either coughing or sneezing. Sometimes it can be passed on by someone who carries the germ but who has no actual infection.

What are the features of the staphylococcal scalded skin syndrome?

The original infection may be relatively minor, for example an infected graze or a red sticky eye. After a few days a widespread patchy red rash appears and rapidly joins up to cover

most of the skin surface. Unlike most rashes it is painful and affected children are miserable and feverish and may not want to be held or touched. Soon there is loosening of skin, which can detach from the underlying layers, sometimes with easily-torn, fluid-filled blisters.

If large areas of skin are shed, body fluid and salts can be lost causing dehydration, and further infection may get through into the bloodstream.

How will it be diagnosed?

The diagnosis may be clear from the appearance of the skin. Surface fluid or pus may be sampled (via a skin swab) to confirm the presence of the bacteria and in some cases blood will also be tested for infection. A small piece of skin may be sent for microscopic examination.

Can it be cured?

In most cases staphylococcal scalded skin syndrome is cured completely, especially when treatment starts early. Once cured there is no visible difference or lasting effects to the skin.

How can it be treated?

The infection is treated with oral antibiotics, which in severe cases may be given through a vein. The skin needs gentle cleansing and soothing creams or dressings, which may include antibiotics or antiseptics. Special medical care is needed if fluid or salt balance is affected, or if there is a blood infection.

Where can I find out more about the staphylococcal scalded skin syndrome?

Web links to detailed leaflets:

www.emedicine.com/DERM/topic402.htm
http://dermnetnz.org/bacterial/scalded-skin-syndrome.html