



STAPHYLOCOCCAL SCALDED SKIN SYNDROME

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Staphylococcal scalded skin syndrome (SSSS), also known as Ritter's Disease, is a blistering skin disease caused by a toxin produced from a staphylococcus bacteria infection. This syndrome is most commonly seen in healthy children. A lack of immunity to the toxins and renal (kidney) immaturity in children make them predisposed to the condition. Two epidermolytic toxins (A and B) are the culprit of this syndrome. These toxins attack the epidermal layer of the skin causing it to break down. As a result a blister (bullae) forms.

SSSS begins with an infection in the nose, throat, eyes or belly button. The toxin is released and affects the skin causing it to be red, tender, with a sandpaper-like texture. The rash occurs more frequently in the creases of the legs, groin, arms, neck, as well as around the mouth, eyes and ears. A temperature develops within 1-2 days of infection. The skin wrinkles and forms blisters, then peels off in large sheets leaving a moist, red, glistening surface. A yellow crust forms and the surface dries and cracks. Healing occurs in 7-10 days and is accompanied by a shedding or peeling of the outer layer of skin.

If the diagnosis is not clear a **biopsy** may be helpful. A biopsy will show splitting of the outermost layer of the skin, the epidermis, as well as slight inflammation. The thin-roofed bullae (blisters) are limp and rupture easily.

Treatment depends of the severity of the syndrome. For more severe cases treatment should consist of hospitalization and intravenous (IV) antibiotics. Patients with a limited disease can be managed from home with oral antibiotics like dicloxacillin or cephalosporin. Regardless of severity, corticosteroids should never be used because of their interference with the body's natural healing process.

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