

# Neonatal staphylococcal scalded skin syndrome: An Outbreak in a Neonatal Intensive Care Unit in Portugal



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## Biography

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## Abstract

Staphylococcal scalded skin syndrome (SSSS) is a blistering skin condition caused by exfoliative toxin-producing strains of *Staphylococcus aureus*. It usually occurs in children under 5 years old but is rare in neonates, especially in very low birth weight, premature infants. Although infrequently, clinical outbreaks have been reported. We describe an outbreak of SSSS that occurred among 3 premature infants admitted to a level III neonatal intensive care unit (NICU).

The index case was a 27-week gestational premature boy that on day 25 of life, an erythematous lesion with macerated skin was noted around the infant's nose and mouth. The infant was receiving supplemental oxygen via nasal continuous positive airway pressure (nCPAP) and fortified enteral feeds via orogastric tube, fixed with adhesive around the mouth. On the following two days, the lesions rapidly progressed to the thorax, ear lobes, hands, feet, buttocks and scrotum.

On the same day, another premature twin baby boy (gestational age of 28-weeks, who also was under nCPAP treatment, appeared with similar skin lesions around the nose and mouth on day 14 of life, rapidly progressing to the upper left limb and thorax. After cultures from the lesions and bloodstream were obtained, intravenous gentamicin and vancomycin therapy was started on both neonates and they were placed under isolation measures. After completing 3 days of antibiotic therapy, a third case emerged with the same lesions, on day 18 of life (the twin of the second child). All the cases were in the same room. A nosocomial outbreak of a staphylococcal infection was recognised and the ICC was contacted.

All 3 cases changed antibiotics to flucloxacillin and clindamycin for 10 days according to the antibiogram obtained from the results of the lesion cultures (*Staphylococcus aureus* methicillin-sensitive, susceptible to flucloxacillin and clindamycin) and all did topic treatment with L-Mesitran.

## Publication

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