

Differential Diagnosis in Pediatric Dermatology

Staphylococcal scarlatina/Streptococcal scarlatina.

Both streptococcus and staphylococcus, thanks to their pyrogenic and vasodilating toxins, can be responsible for fever and generalized reddening of the skin. Clinical features like those, when associated to an enanthem and cultures growing group A β -hemolytic Streptococcus, lead to diagnose streptococcal scarlet fever. On the other hand, when there is no enanthem and bacteriological cultures from the pharynx do not grow group A β -hemolytic Streptococcus, drug or virus exanthem is often suspected and antihistaminics or corticosteroids are given, without taking into account that clinical features superimposable to streptococcal scarlet fever can be due to Staphylococcus aureus and its toxins. Staphylococcal scarlatina is an initial or mild variant that can result in more severe toxic syndromes, such as staphylococcal scalded skin syndrome and toxic shock syndrome.

STAPHYLOCOCCAL SCARLATINA



Fig. 1: Notice in this initial form the cyanotic erythema affecting the eyelids and perioral region.

STREPTOCOCCAL SCARLATINA



Fig. 2: Notice the typical perioral pallor in streptococcal scarlatina.

STAPHYLOCOCCAL SCARLATINA

Rare.

First five years.

Usually cutaneous (pyoderma).

Usually less than 38.5° C.

Usually lacking.

EPIDEMIOLOGY

AGE AFFECTED

INITIAL FOCUS

FEVER

ENANTHEM

STREPTOCOCCAL SCARLATINA

Frequent.

From four to seven.

Usually pharyngeal (pharyngitis).

Usually more than 38.5° C.

Usually present.

STAPHYLOCOCCAL SCARLATINA



Fig. 3: Mature form. Notice the edema of the eyelids and perioral pyoderma (initial focus).

STREPTOCOCCAL SCARLATINA

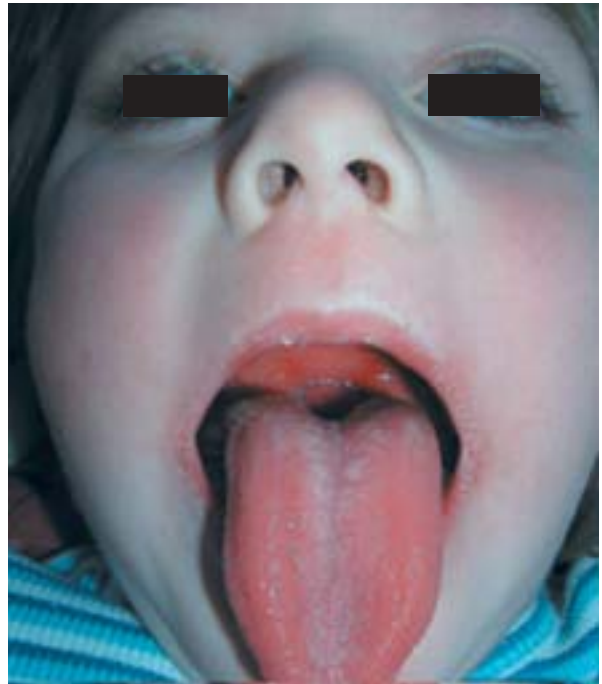


Fig. 4: Notice the enanthem of the pharynx (initial focus) and the cherry tongue.

STAPHYLOCOCCAL SCARLATINA

STREPTOCOCCAL SCARLATINA

Asthenia out of proportion to the fever.

SYMPTOMS

Nausea, headache and abdominal pain.

Cyanotic erythema of the eyelids and around the mouth.

INITIAL SKIN SIGNS

Punctiform erythema of the trunk, perioral pallor.

Punctiform, more marked on the folds.

EXANTHEM

Punctiform, more marked on the folds.

Plychtenas, blisters, pustules and hypotension.

OTHER SIGNS

Perioral pallor, strawberry tongue, petechias and punctiform maculae on the palate.

Large scales on the hands and feet.

SCALING

Large scales on the hands and feet.

Penicillinase-resistant antibiotics, ceftriaxone.

TREATMENT

Penicillin, cephalosporins, macrolides.

While streptococcal scarlet fever got less severe with years, staphylococcal scarlatina got more frequent and severe. The diagnosis of the latter is more difficult, given the lack of a confirming examination. The isolation of *Staphylococcus aureus* from the skin lacks a confirming significance similar to the isolation of group A β -hemolytic *Streptococcus* from the pharynx. When facing a child with cyanotic erythema of the eyelids and around the mouth, with toxic symptoms, physicians should immediately start an antibiotic treatment, especially when a history of a previous staphylococcal focus is reported.