



11/26/24 Morning Report with @CPSolvers

“One life, so many dreams” Case Presenter: Khashayar (@Mahgozar) Case Discussants: Andrew (@ASanchez_PS) and Ravi (@rav7ks)



CC: 2.5M macular lesions around the mouth that then spread to the nose. Increasing in number and size.
The father reports yellow crusting but none appreciated now.

HPI:
3 days ago, PCP started cetirizine and acetaminophen with no improvement in pain or appetite. On presentation today, the child is irritable and agitated child in no acute distress. Lesions spread to all of the face, neck, hands and diaper area. No mucosal lesions. Eyes showing bullous lesions around them. Exfoliation of skin with positive Nikolsky sign.

Normal weight and height.
Up to date on vaccinations.

PMH: none
Born via C-section at 42wks

Meds:
acetaminophen & Cetirizine started by PCP 3 days ago.

Fam Hx: -
Soc Hx: -

Health-Related Behaviors: lives in urban area in Iran. No sick exposure

Allergies: NKDA

Vitals: T: 39°C (102.2F) BP: 90/60 (nl for age) RR: 33 (nl for age) HR: tachycardic

Exam:
Gen: irritable and in pain. No acute distress.
HEENT: bullous lesions around the eyes.
CV: tachycardia without abnormal sounds.
Pulm: clear **Abd:** wnl **Neuro:** wnl
MSK: macular lesions in the face, neck, hands and diaper area. Exfoliations with positive Nikolsky sign.

Notable Labs & Imaging:

Hematology:
WBC: 7.2 Hgb: 12.2 Plt: 233

Chemistry
Na 136 K 3.9
BUN 12.9 Cr 0.6
Glu 197 Ca 9.8 Mg 2
CRP 6 ESR 17
AST 53 ALT 25 ALP 391

Presumed Dx: Staph Scalded Skin Syndrome (SSSS)

The child was started on antibiotics and improved rapidly. He was discharged on day 3 of admission on oral antibiotics.

Problem Representation: 2.5M with fever and polymorphous painful rash in the face, neck and diaper area, including bullous lesions with Nikolsky +ve sign.

Teaching Points (Ibrahim):

- **Rash in peds:** character (crustation → impetigo, allergic; vesicular → dermatitis, HSV, pityriasis, lichen planus), location (face → infection), vaccination hx, systemic manifestations/lymphadenopathy (autoimmune dz)
- **Bullous lesions** → bullous pemphigoid, pemphigus vulgaris (nikolsky sign), SJS (mucosal involvement), erythema multiforme, staphylococcal scalded skin syndrome → start w/ infectious workup then follow-up w/a biopsy
- **Meds history** can be a clue towards diagnosis. DRESS: 2-4 weeks (usually w/ antibiotics/antiepileptics) [unlikely w/ normal labs, but eosinophilia isn't pathognomonic as can only be in 50%], SJS
- **Neuro exam** → to r/o meningitis, encephalitis in a kid w/ high suspicion
- **Infectious workup:** herpes labialis, HSV, HIV, measles, chicken pox. Epidemiological clues may widen differential.
- **Internal vs external dz** → LFTs may reflect an internal dz (but beware as ALP may be borderline high in children), bilirubin → hemolysis vs. hepatobiliary dz (e.g. CMV)
- **High ALP** → bone dz, liver dz (ESP IF VERY HIGH IN COMP TO BILIRUBIN).
- **SSSS:** < 5 yrs, Exotoxin - epidermolysis, Conjunctiva, middle ear, nasopharynx. Generalised, tender, erythematous. Nikolsky sign positive.