A 5yo child develops conjunctivitis, and then goes on to develop a tender widespread rash. After three days, the child and mother present to the ED with the following rash:



Describe the rash (1 mark):

Widespread exfoliative/desquammative rash (with bullous formation)

List five causes for this rash (5 marks):

Staphylococcal scalded skin syndrome

Toxic epidermal necrolysis

Toxic shock syndrome

Exfoliative drug eruption

Exfoliative erythromderma

Bullous impetigo

Outline your management for the most likely diagnosis (4 marks):

Staphylococcal scalded skin syndrome

* Fluid resuscitation – PO/IV fluid as required
* Correction of electrolyte abnormalities
* Identify and treat any possible source of S.aureus infection
* Wound care to prevent superimposed infection

Your resident wonders if this could be toxic shock syndrome. Outline seven clinical signs seen in toxic shock syndrome (7 marks):

* Fever (>38.5)
* Rash – diffuse macular erythroderma
* Desquamation – 1-2 weeks after onset, especially palms and soles
* Hypotension
* GI – vomiting/diarrhoea
* Muscular – severe myalgia, CK > 2x ULN
* Mucous membrane – vaginal, oropharyngeal or conjunctival hyperaemia
* Renal – elevated urea/creatinine > 2x ULN, or urinary sediment and pyuria without evidence of UTI
* Hepatic – bilirubin, ALT or AST > 2x ULN
* Haematological – platelets < 100
* CNS – disorientation or alterations to conscious state without focal neurological signs