

NOTTINGHAM SUPPORT GROUP FOR CARERS OF CHILDREN WITH ECZEMA

In association with : Nottingham University Hospitals 
NHS Trust

Written by Professor Hywel Williams, Dr Ruth Murphy, Dr Jane Ravenscroft, Nurse Consultant Sandra Lawton and parents on behalf of the Nottingham Support Group for Carers of Children with Eczema.

Staphylococcal Scalded Skin Syndrome - Information for Parents

What is Scalded Skin Syndrome?

Scalded Skin Syndrome is a skin reaction to a bacterial infection called Staphylococcus aureus. It is a rare condition, which tends to occur in younger children.

Why has my child developed Scalded Skin Syndrome?

Staphylococcus commonly causes skin infections such as boils or impetigo. There are many different strains of this bacteria. Some strains produce a 'toxin' which is released throughout the body. This toxin causes the skin to become red and peel off. This is because the toxin causes the outermost layers of the skin to separate.

What does Scalded Skin Syndrome look like?

Your child's skin will look as if it has been scalded in some places. Redness typically starts off in moist skin folds such as the nappy area or armpits and then spreads to other parts of the body. As well as redness, the skin may be blistered, scaly, tender to touch and warm. You may also notice that the skin peels and may look "dirty" at the edges. Peeling is often more noticeable on the palms and soles because the skin is thicker there.

How will Scalded Skin Syndrome affect my child?

Before the skin problem developed, your child may have had a mild fever and not been their usual self. Often, there is a story of the child having a little patch of impetigo or infected eczema beforehand. Then the rest of the skin becomes involved. Sometimes, the 'scalded' skin remains just in the skin creases. Other times, it can spread to the whole body. Your child may feel thirsty and shiver due to loss of heat.

How is Scalded Skin Syndrome treated?

Scalded skin syndrome is treated with antibiotics. If your child is not allergic to penicillin, the antibiotic of choice is flucloxacillin, given by mouth or through a vein. Ointments are also put on to soothe the skin and to protect the body from losing too much water. If your child is unwell, has a temperature and a lot of the skin is affected, they may be admitted to hospital. They may also need a regular painkiller for a few days if their skin is very sore. Once the infection has settled down, you may notice the skin continues to peel. This is quite normal. Using a greasy emollient such as White Soft Paraffin 50%/Liquid Paraffin mixture 50% twice a day will help.

Children with Scalded Skin Syndrome often make an excellent recovery despite the alarming appearance when it first happens. It is usually a one-off problem. If your child has an underlying problem such as repeated episodes of impetigo or eczema, then these will need to be looked at by your GP afterwards.

For further advice please contact
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For advice on support issues please contact the NSGCCCE via the website
www.nottinghameczema.org.uk and click on the contact icon  at the
top of most pages or email us at enquiry@nottinghameczema.org.uk

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