

## TOXIC EPIDERMAL NECROLYSIS IN NEWBORN INFANT (A Case Report)

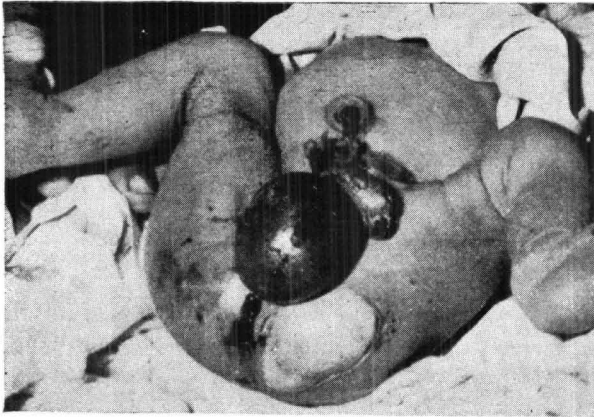
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### Summary

The youngest case of Toxic Epidermal Necrolysis is reported with brief review of literature.

The syndrome of Toxic Epidermal Necrolysis was first described by Lyell, A. (1956)<sup>1</sup> who reported a series of four cases in adults. The syndrome is characterised by inflammation and necrosis of epidermis surrounding erythematous skin surface which strips off usually after a bullous phase with an acute course. The disease appears in all age groups, youngest case reported in literature being a 48 hours old<sup>2,3</sup> infant.

Various aetiological agents are blamed for the syndrome like drugs (Sulfa, penicillin, phenylbutazone, phenolphthalein allopurinol, chlorpromazine, diphenylhydantion, antipyrin, dapsone, antitubercular drugs, homeopathic drugs<sup>4-9</sup>), Vaccines (oral polio, diphtheria, tetanus toxoid, B. C. G., and measles<sup>10,13</sup>) and bacterial toxins. In infants staphylococcal toxin is one of the major causes of the syndrome<sup>2,13,17</sup>.



Photograph of the Pt. Showing multiple blisters on right gluteal and penile region and denuded area on left gluteal region and Scrotum has swollen

### Case Report

36 hours old full term newborn was admitted to the department of paediatrics, General Hospital, Udaipur, with the complaints of refusal to feed and bullous formation in left gluteal region which peeled off leaving raw surface within 4 hours. The membranes leaked for more than 24 hours before delivery.

Examination revealed multiple blisters surrounded by red hyperemic skin over gluteal, perineal and genital region. The skin easily peeled off by light rubbing leaving a moist surface. The general condition of the baby was poor, cry feeble, neonatal reflexes slug-

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gish and temperature 38°C. Within next 48 hours all blisters coalesced and ruptured leaving a big denuded area covered by dark brown crust. The baby was kept on gentamycin (6 mg/Kg) and ampicillin (200 mg/Kg) and a local dressing with mercurochrome for 10 days. The wound healed completely within 20 days.

Blister fluid culture showed staphylococcus aureus. Biopsy of the lesion showed separation of epidermal layers with little necrotic tissue.

**Discussion**

The diagnosis was suspected by clinical examination which was confirmed by culture and skin biopsy. Present case was 36 hours old; youngest so far reported in the literature. Because the mother had the amnionitis, the baby acquired infection in utero. Toxic epidermal necrolysis may prove fatal if not diagnosed and treated early and adequately with antibiotics and supportive measures.

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