



Scarlet Fever

Kızıl

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Cite this article as: Çiftçi E, Karbuz A. Scarlet fever. J Pediatr Inf 2020;14(1):e46.

An 11-year-old boy was brought with the complaint of fever, sore throat and rash. It was learned that the patient started fever and sore throat five days ago, and a rash appeared on the skin three days ago. The patient's axillary body temperature was 38.2°C. The tonsils were hyperemic and hypertrophic with white exudative crypts. The patient had a red strawberry tongue. There was an erythematous, sandpaper-like rash on the trunk and extremities. The rash was prominent in the skinfold areas but the perioral region was spared. The patient was diagnosed with scarlet fever. Cefuroxime was initiated because the patient had a history of penicillin allergy. The throat culture was positive for *Streptococcus pyogenes*. During the follow-up, the patient's fever disappeared, and the rash faded with desquamation. Cefuroxime treatment was given for a total of 10 days. Scarlet fever is a common infectious disease in children caused by group A beta-hemolytic streptococci (*S. pyogenes*). It typically progresses with tonsillopharyngitis, fever and characteristic rash. A widespread erythema with fading, very small papular, which gives the shape of sandpaper is seen on the skin. The rash usually starts from the head, neck, groin, and antecubital areas. The rash quickly spreads to the trunk, arms, and legs. Pe-

rioral pallor and strawberry tongue are seen. There is usually no rash on the palm and soles. The rash is most prominent in the skinfolds of the axillary, antecubital and inguinal regions (Pastia's lines). Prognosis is good with appropriate antibiotic treatment.



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Received: 20.03.2020

Accepted: 21.03.2020

Available Online Date: 26.03.2020

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