



Staphylococcus aureus Pustulosis in the Newborn

Yenidoğanda *Staphylococcus aureus* Püstülozu

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A 17-day-old male was brought in with the complaint of widespread rash on the body. It was learned that the patient was born on time and was fed with breast milk. For several days, rashes had appeared on his body, turned into blister-like structures, and gradually increased in number. On examination, the patient had an icteric appearance, and

pustular skin lesions with erythema at the base were found, especially on the anterior and posterior aspects of the trunk, including the scalp and arms. *Staphylococcus aureus* was isolated from the culture of purulent exudate obtained from the skin lesions. The strain was found to be resistant to ampicillin but susceptible to amoxicillin-clavulanic acid, cefazolin,



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clindamycin, and trimethoprim-sulfamethoxazole on the antibiogram. The lesions of the patient, who was treated with systemic antibiotic therapy, rapidly regressed. In the control performed on the fifth day of the treatment, the lesions completely regressed and the jaundice disappeared. No problem developed in the patient during the follow-up.

Pustular rashes can be seen in newborns due to various reasons. Pustular skin lesions due to infection can be seen as well as self-healing ones such as erythema toxicum neonatorum, transient neonatal pustular melanosis, and neonatal acne.

Bacterial infections such as *S. aureus*, as well as viruses such as herpes simplex and varicella-zoster can cause vesicular skin lesions. In term neonates, *S. aureus* infection usually first presents as a skin and soft tissue infection, but can rapidly progress to sepsis, pneumonia, and osteomyelitis. Gram stain on skin scraping of pustules is a very easy and rapid diagnostic test to detect bacterial infections. With appropriate antibiotic therapy, the prognosis is very good.