

Scarlet Fever

Learning Objectives:

1. Define the Concept,
2. Identify the etiology
3. Describe the clinical presentation of scarlet fever
4. Mention the differential diagnosis of scarlet fever
5. Identify the complications of scarlet fever
6. Outline treatment

Salam is 5 yrs old child presented with fever ,sore throat & abdominal pain of two days duration .

on exam there is maculo-papular rash over the trunk & congested pharynx .Temp. 38.8C



Scarlet fever. A, Punctate, erythematous rash (2nd day). B, White strawberry tongue (1st day). C, Red strawberry tongue (3rd day)



Viruses are the most common cause of acute pharyngitis in children.

influenza virus,
parainfluenza virus,
rhinovirus,
coronavirus,
adenovirus,

RSV are frequent causes of acute pharyngitis.

Other viral causes of acute pharyngitis include:

coxsackievirus,
echovirus,
(HSV).

Epstein-Barr virus (EBV) is a frequent cause of acute pharyngitis that is often accompanied by other findings of IM (e.g., splenomegaly, LAP)

Systemic infections with other viral agents including CMV , rubella virus, & measles virus may be associated with acute pharyngitis.

Antibiotic therapy can prevent ARF , shorten the clinical course of the illness, reduce transmission of the infection to others, & prevent

-Suppurative complications.(Cervical lymphadenitis, peritonsillar abscess, retropharyngeal abscess, otitis media, mastoiditis, & sinusitis),

-Non suppurative complications: ARF & APSGN

GAS is exquisitely sensitive to penicillin

Oral **penicillin V** (250 mg/dose bid–tid for ≤60 lb & 500 mg/dose bid–tid for >60 lb PO) for 10 days is recommended but it must be taken for a **full 10 days** even though there is symptomatic improvement in 3–4 days

Erythromycin (erythromycin estolate 20–40 mg/kg/day divided bid–qid PO, or erythromycin ethylsuccinate 40 mg/kg/day divided bid–qid PO) for 10 days is the drug of choice for pts allergic to penicillin