Urticaria—An Unusual Presentation of Staphylococcemia

With reference to the recent report on this topic (1), I wish to record a case with a similar presentation. A 7-year-old girl was referred with high grade fever, urticaria and few impetigeneous lesions. On examination she was toxic, had high fever (104°C), and generalized urticarial rashes, palpable firm liver 3 cm below the costal margin and splenic enlargement. Investigations revealed hemoglobin of 10 g/dl, TLC of 28,000/cu mm with 88% polymorphs and platelet count of 1.4 lakhs/cu mm. Peripheral smear showed hypochromic, normocytic RBC with few normoblasts, polymorphonuclear leucocytosis, toxic granulations with a shift to left and band cells. Urine examination revealed occasional RBCs and pus cells. X-ray chest showed no abnormality. Blood culture grew Staphylococcus aureus. The child was treated with IV fluids, steroids and was started empirically on cefotaxime which was continued for 7 days after the culture report. The urticarial lesions disappeared by the second day and she became afebrile after 72 hours. The child was discharged and remains healthy till date.

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REFERENCES