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The most common skin manifestation in intensive care is erythrodermia which is the clinical presentation of variety of diseases, is defined clinically as generalized redness and scaling of the skin. Systemic manifestations include peripheral edema, tachycardia, loss of fluid and proteins, and disturbances in thermoregulation. Erythrodermia is due to generalization of pre existence dermatoses (such as psoriasis, atopic dermatitis, ichthyoses, bullous dermatoses etc), Staphylococcal scaled skin syndrome (SSSS), cutaneous T-cell lymphoma (paraneoplastic), or drug reactions. Most drug eruptions, especially these with exanthematous rashes, have a specific clinical picture like fixed eruption, SJS and TEN that are drug-induced diseases. Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are severe, acute, often life-threatening skin reactions, which characterized by extensive necrosis and detachment of the epidermis and mucous membranes. Staphylococcal scaled skin syndrome (SSSS) is seen primarily in neonatals and is due to a circulating exfoliative toxin produced by *Staphylococcus aureus*.