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SKIN DISEASES OF STREPTOCOCCAL ETIOLOGY IN INFANTS: ANALYSIS OF STREPTODERMA

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Abstract: This article analyzes the causes, clinical symptoms, course and treatment of streptoderma in infants. Streptoderma is an acute infectious skin disease caused mainly by the bacterium *Streptococcus pyogenes*, which is widespread in infants due to the insufficient formation of the immune system. The study covers the clinical manifestations of streptoderma in infants, stages of diagnosis and effective treatment methods. It also provides scientific information on the complications of the disease and preventive measures.

Keywords: infants, streptoderma, skin diseases, streptococcal infection, pediatrics, dermatology, treatment, prevention

Infant streptoderma is a skin inflammation caused by streptococci. In scarlet fever, the skin of the face is first affected or localized in the umbilical region and quickly spreads to other areas of the skin ("traveling scarlet fever", "saying scarlet fever"). Typically, the disease begins with febrile fever, local hyperemia (develops slowly compared to older children), infiltration of the skin and subcutaneous tissue. The edges of the lesion are brownish, irregular in shape, there is no separating rim, and hyperthermia may be felt when palpating the intact skin. Newborns may have "white jaundice", in which there is no hyperemia, the damaged skin is pale, sometimes blisters, subcutaneous abscesses, and necrosis appear. The disease is usually severe, the child's condition rapidly deteriorates, he is lethargic, refuses to suckle, dyspeptic disorders occur, myocarditis, meningitis, and kidney damage occur. Intertriginous streptoderma manifests itself with sharply limited hyperemia, sometimes with a small amount of discharge behind the ears and in natural folds. In the area of the lesion, cracks, phlyctenae, and pyococcal elements may be present on the periphery. When the inflammatory foci subside, scaly peeling begins. Papuloerosive streptoderma is characterized by the appearance of hard, bluish-red papules 0.1 - 0.3 mm in size when palpated on the back of the buttocks and thighs. The papules quickly erode and become covered with black crusts, and new elements, including pyococcal elements, appear in nearby areas of the skin. Vulgar ecthyma is a ulcerative form of streptoderma. In addition to streptococci, staphylococcus and pseudomonas aeruginosa can be found in the foci of damage. Two forms of the disease are distinguished. Simple ecthyma is characterized by the formation of a cavity, which is most often localized on the skin of the legs. After the pustule opens, an ulcer is formed, the bottom of which is covered with pus and a brownish crust. The wound heals within a few weeks, leaving a scar. Perforating ecthyma occurs when multiple ecthymas form, often merging with each other. The most common location is the scalp. It is manifested by fever, intoxication, and enlargement of



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local lymph nodes. Paronychia is an infectious lesion of the nail folds caused by streptococcal and staphylococcal infections. Hyperemia and blisters are characteristic of streptococcal lesions, erosions appear against the background of edema. In some cases, local lymphadenitis may occur. Infectious diseases of the umbilical wound. Catarrhal omphalitis (cold navel, wet) is clinically characterized by the release of serous discharge from the umbilical wound with a slowdown in the period of its epithelialization. In some cases, mild hyperemia and slight infiltration of the umbilical ring are noted. When scabs with a mixture of blood are formed, a small amount of serous purulent discharge may accumulate under them in the first days after the umbilical cord falls off. The condition of the newborn is not impaired, the body temperature does not rise. There are no changes in the blood test. The umbilical veins are not palpable. They are not palpated. Purulent omphalitis is a bacterial inflammation of the base of the umbilical wound, the umbilical ring, the subcutaneous fat around the umbilical ring, and the umbilical veins. The disease usually begins at the end of the early neonatal period or from the 2nd week of life, most often with signs of catarrhal omphalitis. After a few days, purulent discharge is released from the umbilical wound - pyorrhea of the umbilical ring, swelling and hyperemia of the umbilical ring, infiltration of subcutaneous fat around the navel appear. As a result, the navel rises above the level of the anterior abdominal wall. The skin around the navel is hyperemic, warm to the touch, there are red, patchy areas of dilatation of the anterior abdominal wall vessels, which are characteristic of lymphangoid involvement (increased venous network). Symptoms characteristic of infectious damage to the umbilical vessels appear. The patient's general condition changes, the child becomes lethargic, does not suck well, vomits the milk he drinks, does not gain body weight (possibly losing it), body temperature rises, sometimes even rises to febrile. Blood tests show leukocytosis with a shift to the left, increased ESR. Umbilical wound — can occur as a complication of umbilical pyorrhea or omphalitis. The base of the umbilical wound is usually covered with serous-purulent or purulent discharge. After its removal, the wound is detected. If the scab covering the base of the umbilical wound is not removed during the treatment of the umbilical wound, the likelihood of developing an ulcer is high. The general condition of the patient may not be impaired in the first days of the disease, later signs of intoxication join.

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