Journal of Drug Metabolism and Toxicology

Ganguly and Wakchaure, J Drug Metab Toxicol 2016, 7:3
DOI:10.4172/2157-7609.1000e136

Editorial Open Access

Scarlet Fever in Human: A Brief Overview

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Received date: Sep 23, 2016; **Accepted date:** Sep 24, 2016; **Published date:** Sep 28, 2016

Citation: Ganguly S, Wakchaure R (2016) Scarlet Fever in Human: A Brief Overview. J Drug Metab Toxicol 7: e136. doi:10.4172/2157-7609.1000e136

Editorial

Abstract

Scarlet fever is a disease occurring in human beings due to group A Streptococcus (group A strep) infection. The signs and symptoms include a fever, sore throat, lymphadenopathy, sore throat and a characteristic rash. Children between 5 to 15 years age are most susceptible to this infection.

Keywords: Human, Scarlet fever, *Streptococcus*

Introduction

The characteristic skin rash in septic sore throat results due to the erythogenic toxin produced by the bacterium. Confirmatory diagnosis can be done by culturing the causative bacteria from throat. Effective vaccines are not available against scarlet fever. Renal problems, rheumatic cardiac problems and arthritis are the associated symptoms of this disease [1].

Signs and symptoms

Sore throat, fever, bright red tongue resembling strawberry appearance and a characteristic red skin rash especially around the under arms and elbow are the predominant features of the disease [2].

Susceptible host

Generally, children of 5-15 years age are mostly affected. The scarlet fever occurring after a throat infection usually subsides within 3-5 days [3].

Transmission

Transmission takes place through aerosols, fomites and dust and contact transmission takes place through skin comin in direct contact to dust.

Diagnosis

Clinical diagnosis is made by seeing the signs and symptoms. Complete blood count detecting eosinophilia, neutrophilia, increased erythrocyte sedimentation rate and C-reactive protein are the confirmatory features.

Differential diagnosis should be made from Far-East scarlet like fever, Kawasaki disease and *Yersinia pseudotuberculosis* infection [4].

Dick test

In 1924, the Dick test was invented which is used for the identification of patients suffering from scarlet fever. In this test, the broth culture filtrate from an erythrogenic toxin-producing group A streptococcus is injected intracutaneously into susceptible persons. Edematous and erythematous skin reactions develop after 24 h of injection in susceptible patients. Neutralization of the toxin occurs after the second injection at the same site in reactive patients [5].

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