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#### REVIEWER'S REPORT

**Manuscript No.:** IJAR-53257 Date: 11/08/2025

Title: "A Rare Case of Staphylococcal Skin Scalded Syndrome with Toxic Shock Syndrome"

Recommendation:	Kating	Excel.	Good	Fair	Poor
Accept as it is	Originality		<b>√</b>		
	Techn. Quality		<b>√</b>		
	Clarity		>		
	Significance	<b>√</b>			

Reviewer Name: Dr. S. K. Nath

Date: 11/08/2025

#### **Reviewer's Comment for Publication:**

The authors effectively present a rare and serious co-occurrence of SSSS and TSS, illustrating the critical importance of early recognition and intervention. The case underscores the need for vigilance in similar clinical scenarios, especially following minor injuries or injections, as *S. aureus* can cause life-threatening illnesses via toxin production. Their emphasis on timely antibiotics and supportive care aligns well with current management strategies.

## Reviewer's Comment / Report

### **Strengths:**

- 1. **Comprehensive Case Detailing:** The report offers thorough clinical details including initial presentation, systemic signs, skin findings, and laboratory investigations, which are valuable for clinicians.
- 2. **Diagnostic Approach:** Clear correlation of clinical features with CDC criteria for TSS, alongside microbiological confirmation (presence of MRSA). The use of culture results and laboratory parameters supports a precise diagnosis.
- 3. **Discussion of Pathophysiology:** Explains the mechanisms of toxin-mediated illnesses, especially how exfoliative toxins and superantigens cause skin exfoliation and systemic inflammation.
- 4. **Management and Outcome:** The report underscores the importance of early, targeted antibiotic therapy (vancomycin and clindamycin), supportive care, and highlights a positive patient outcome.
- 5. **Literature Context:** It reviews existing literature, emphasizing that simultaneous occurrence of SSSS and TSS is rare, referencing prior cases and adding new clinical data.

#### Weaknesses:

- 1. Limited Depth in Molecular Diagnostic Details: While microbiological culture was performed, molecular or PCR confirmation of toxin genes was absent, which could have strengthened diagnostic certainty.
- 2. **Single Case Limitation:** As a case report, findings are not generalizable; the rarity limits broader clinical implications without larger studies.
- 3. **Incompleteness in Long-term Follow-up:** The follow-up period and potential residual or sequelae are not elaborated, which could be relevant for understanding prognosis.
- 4. Lack of Differentiation Between SSSS and Other Differential Diagnoses: Although CDC criteria are mentioned, more detailed discussion on differential diagnoses (e.g., Stevens-Johnson syndrome, TEN) would improve diagnostic clarity.
- 5. **Absence of Advanced Diagnostic Tests:** No mention of toxin detection via PCR or other advanced methods, which are increasingly vital for definitive identification in toxin-mediated diseases.