SYMPTOM

Nikolsky sign

Nikolsky sign is skin that peels when gentle sideways pressure is applied.

WHAT IT FEELS LIKE
Skin rubs off, leaving a tender raw patch

WHERE IT IS FELT
Blistered skin or nearby normal-looking skin

MOST COMMON CAUSES
Pemphigus, bullous impetigo, staphylococcal scalded skin syndrome

WHEN IT IS URGENT
Widespread painful peeling, fever, or mouth or eye sores

USUALLY LASTS
Until the underlying skin condition is treated

SEE A DOCTOR IF
Unexplained localized blistering or skin shearing persists

Overview

Nikolsky sign means that the top layers of skin separate when gentle sideways pressure is applied. The skin may peel away or form a shallow, moist blister.

It is a physical sign rather than a disease. A clinician may check for it when examining unexplained blisters, peeling, or raw skin. They usually apply controlled pressure to affected or nearby skin. You should not repeatedly test your own skin because this can cause pain, infection, and further skin loss.

A positive Nikolsky sign suggests that the connections between skin cells have become unusually weak. Several conditions can cause this, ranging from a localized skin infection to serious immune or medicine-related reactions. The sign alone cannot identify the cause.

What it may feel or look like

The skin may slide, wrinkle, or peel with light rubbing. This can leave a pink or red area that looks moist and feels tender, sore, or burning. Some people notice delicate blisters that break easily instead of remaining firm.

The sign may appear:

Not all peeling skin represents Nikolsky sign. Friction blisters, adhesive irritation, burns, and ordinary dry skin can also peel. A clinician needs to consider how the skin separates and what other symptoms are present.

- At the edge of an existing blister
- On skin that looks mildly red
- On nearby skin that appears normal
- Along with sores inside the mouth, nose, eyes, or genitals

Common causes

The conditions associated with Nikolsky sign are not necessarily common in the general population. The following are some of the more typical causes when the sign is present.

Pemphigus is a group of autoimmune conditions. "Autoimmune" means the immune system mistakenly attacks part of the body. In pemphigus, it attacks proteins that hold skin cells together. Pemphigus vulgaris often causes fragile blisters and painful mouth sores. Pemphigus foliaceus usually affects the surface of the skin without deep mouth sores.

Bullous impetigo is a bacterial skin infection that causes thin, easily broken blisters. It is most often seen in babies and young children, although anyone can develop it. The blisters may leave shiny, raw areas with a rim of loose skin.

Staphylococcal scalded skin syndrome is caused by toxins made by certain Staphylococcus bacteria. It usually affects babies and young children. Affected children may have fever, skin tenderness, redness, and widespread peeling. It is uncommon in adults but can occur when the immune system or kidneys are not working normally. It needs urgent medical treatment.

A less common but important cause is Stevens-Johnson syndrome or toxic epidermal necrolysis . These are severe reactions, usually to a medicine and sometimes to an infection. They can cause painful skin, blisters, peeling, fever, and sores involving the mouth, eyes, or genitals. They require emergency care.

Other skin-fragility disorders can sometimes resemble a positive Nikolsky sign. Examination and testing are needed because the appearance can overlap.

When to seek medical care

Arrange a medical appointment for unexplained blistering, repeated skin shearing, or a raw area that is not healing. Seek advice sooner if you have mouth sores, increasing pain, spreading redness, pus, or a child with fragile blisters.

Get same-day medical care if the peeling is spreading, the skin is very tender, or you also have fever or feel generally unwell. Babies, young children, and people with a weakened immune system should be assessed promptly.

Go to an emergency department now if you have:

If symptoms began after a new medicine, bring a list of everything you take, including non-prescription products. Get urgent medical advice before taking another dose rather than making long-term medication changes by yourself.

- Rapidly spreading, painful blisters or skin loss
- Peeling with sores in the mouth, eyes, or genitals
- Eye pain, light sensitivity, or trouble opening your eyes
- Difficulty breathing, swallowing, or keeping fluids down
- A painful rash and fever after starting a medicine

How the cause is found

A clinician will ask when the skin changes began, whether they are spreading, and whether you have pain, fever, mouth sores, or eye symptoms. They will also review recent infections and medicines started in the previous several weeks.

The examination looks at the pattern and depth of blistering. A clinician may gently check whether skin separates, but this finding is interpreted alongside the rest of the examination.

Tests may include a swab from a blister or raw area to look for bacteria. Blood tests can check for infection, inflammation, dehydration, and effects on the kidneys or other organs.

A dermatologist may remove a tiny skin sample after numbing the area. This is called a biopsy. Part of the sample can be examined under a microscope. Another test, called direct immunofluorescence, looks for immune proteins within the skin and can help identify pemphigus and related conditions.

Treatment and self-care

Treatment depends on the cause and how much skin is affected. Bacterial conditions may

require antibiotics like amoxicillin or doxycycline . Autoimmune blistering diseases often need medicines that reduce immune activity. Severe reactions with widespread skin loss require hospital care, wound support, fluids, pain relief, and treatment of eye or mouth involvement.

Until you are assessed:

Avoid applying antiseptics, antibiotic creams, or herbal products unless a clinician recommends them. Some products can irritate damaged skin or make it harder to assess.

- Do not rub the skin to check whether it peels
- Avoid adhesive dressings directly over fragile areas
- Protect small raw areas with a clean, non-stick dressing
- Wash gently and pat the skin dry
- Do not break intact blisters deliberately

What to expect

Recovery depends on the underlying condition. A localized bacterial infection may improve once it is treated. Autoimmune conditions such as pemphigus often need ongoing specialist follow-up because symptoms can return.

New skin can grow over shallow raw areas, but healing may take longer when large areas are involved or infection develops. Changes in skin colour can remain for a time after the surface heals.

Eye, mouth, or genital involvement may need care from additional specialists. Follow-up is important if you have continuing blisters, treatment side effects, difficulty eating or drinking, or wounds that are not closing.

Common questions

Is Nikolsky sign something I can test at home?

No. Rubbing fragile skin can enlarge the damaged area and increase discomfort or infection risk. A clinician can decide whether testing is useful and perform it carefully.

Does a positive sign mean I have pemphigus?

Not necessarily. Pemphigus is one possible cause, but infections and serious medicine-related reactions can produce a similar finding. The surrounding symptoms and test results matter.

Is Nikolsky sign contagious?

The sign itself is not contagious. Some causes, such as bullous impetigo, involve bacteria that can spread through close contact. Autoimmune causes such as pemphigus do not spread between people.

Can medicines cause it?

Some medicines can trigger severe blistering reactions in susceptible people. Most rashes after medicines are not these reactions, but painful skin, blisters, fever, or mouth and eye sores require urgent assessment.

Sources

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- NCBI Bookshelf - Staphylococcal Scalded Skin Syndrome
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