Skin Infections

Bacterial	Impetigo	Erysipelas	Cellulitis
Description	Acute superficial cutaneous infection, Staph or gp A Strept. **Types**: 1- Bullous: Staph Aureus which is normally seen on the skin – associated with nasal or perianal carriage. Seen on face and hands. 2- Non Bullous: Staph Aureus or Strept Pyogenes (GABHS). Golden Yellow Honey Crust (Vesicle or pustules later)	Superficial infection with lymphatics involvement Sharply demarcated red edematous -Strept Pyogens (GABHS) More in face – legs Commonly in immunocompromised **Risk Factors**: Minor abrasion – lymphatic dysfunction. **Systemic signs**: Leukocytosis and Fever	Deeper, SC -Acute, tasied, hot, tender, erythematous - Strept Pyogens (GABHS), Staph Aureus More in legs Commonly in immunocompromised (venous stasis – chronic lymphedema) **Risk Factors**: Minor abrasion – lymphatic dysfunction. **Systemic signs**: Leukocytosis and Fever
Prognosis	Scarring is Unusual but Post inflammatory hyperpigmentation or hypopigmentation. Complications: APSGN latent period of 3 weeks.		Sepsis Lymphedema if recurrent
Mx	Staph and Strept are tx the same -Swab: Gram, stain shows gram +ve cocci. Culture. -Remove crust by wet dressing, NS - Localized Abx (Bactroban) – Systemic Abx for severe (widely distributed and not tx by topical) (Penicillin)	Smear from blood or fluid (if large edema and vesicle develops) -Cold compressor -Oral Abx or Iv for severe -Penicillin or erythromycin	Swab and blood culture -Acetaminophen Oral for healthy or IV in immunocompromised Pencillinase-resiatant penicillins Cephalosporin (1st)
Clinical feature	Non Bullous Bullous	Well demarcated red © 2003 Elsevier - Bolognia, Jorizzo and Rapini: Dermatology - www.dermtext.com	Ill defined darker

Bacterial	Furuncle	Carbuncle	Folliculitis
Description	Staph Aureus over hair follicles Inflammation of deep portions of hair follicle Nodule, single, deep seated. Usually recurrent; furunculosis.	Staph Aureus over hair follicles Infection of multiple hair follicles. Large and deep seated – drainage with a sinus.	Staph Aureus over hair follicles Usually happens after laser and waxing Scalp, face, thighs, axilla and inguinal area. Multiple small papule/pustule in an erythematous base Heals without scarring (only pigmentation)
Mx	Swab and send for Culture and Geimsa Stain -Antistaph Abx topical -Antibacterial soap	Swab and send for Culture and Geimsa Stain -Antistaoh Abx topically -Screen for carrier state (Bc of reccurance)	Swab and send for Culture and Geimsa Stain -Antibacterial soap -Topical and systemic Abx
Clinical feature			

Viral	Warts	Molluscum Contagiosum	Herpes Simplex	Herpes Zoster
Description	HPV (DNA) **1-2-4:** common, palmer & planter. 3-10: flat wart **6-11:** Condylomata acuminata. **16-18:** oncogenic -Common Wart: in children, hands, koebner phenomenon -Genital Wart: Condylomata accuminata. Can be oncogenic.	Pox virus Children Face and neck Central Punctum (umbilication) Central depression	Group of small blisters HSV-1 (Labials) HSV-2 (Genital) H. Whitlow Eczema herpeticum (In px with previous skin disease)	Chickenpox of adults Prodromal pain-dermatomal (blisters) Post-herpetic neuralgia Painful – Scarring – Dermatomal
Mx	Resolve spontaneously -Cryotherapy -Topical acids (SA, TCA) -Electrocautary, curettage -Laser (spreads infections) -Immune therapy (BCG)	H/P: Hunderson-patterson bodies **Tx:** resolve spontaneously -Curretage, cryotherapy	-Tzanck Smear -Serology -DFA -Viral Culture (most definitive) **Tx:** Oral/IV Acyclovir	-Tzanck Smear -DFA **Tx:** Analgesia, Acyclovir for immune suppressed – wide spread
Clinical feature	Hand Plane (flat) Planter Genital	Histopathology Papule		Blisters

Fungal	Candidiasis	Dermatophyte Infection	Pityriasis Versicolor
Description	Candida Albican (Normal in GIT) -Napkin candidosis (diaper) and intertigo (skin fold) - Paronychia -Vulvovaginitis -Candida folliculitis -Generlized systemic infection -Chronic mucocutaneous candidiasis Common in DM	Skin – Hair – Nails Scaly plaque 1- Tinea Pedis: adult. Toe webs, instep (T. rubrum and T. Mentagrophytes) 2- T. Ungum (T. Rubrum and T. Mentagrophytes) 3- T. Corporis (T. Rubrum. Active edge in trunk) 4- T. Cruris (Groin) 5- T. Manun 6- Tinea Capitis (Skull) a- Black dots (tonsurans) b- Grey Patch (audouinii) c- Kerion (Verrucosum) d- Favus (Schoenleinii)	Malassezia furfur (hyphae) Pityrosporum orbiculare (yeast) -Trunk Asymptomatic -Yellowish-brown (in white skin) -Hypopigment (in dark skin) Not itchy
Mx	Swab abd KOH -Alter moist warm -Nystatin cream -Imidazole (Daktarin, canastein) -Oral antifungal (intraconazole): immunecomp/not responding	Education (Contagious) Scraping, hair plug, nail clip, KOH and culture Wood's light -Topical (Terbinafine, daktarin) -Oral (Griseofulvin, terbinafine, itraconzaole): Skull and nail	Wood's lamp (coppery-orange fluorescence) Scraping -Topical imidazole (nizoral) Recurrance
Clinical feature	Diffuse erythematous patch with pustule/itchy/moist Can be scrubbed Paronychia	1 2 3 4 5 6	

	Leshmaniasis	Scabies	Pediculosis Capitis
Description	1-Cutaneous (restricted to the skin) 2-Mucoucutaneous (skin and mucosa) 3-Diffuse cutaneous 4-Visceral (Organs of mononuclear phagocyte system; liver and spleen) transmitted through sand fly Slowly progressing. Papule > Nodule > ulcer	Mite: Sarcoptes scabiei var. hominis -Severe itch and very contagious -Flexor distribution -Small erythematous papules with vesicle, nodules. -Eczematous dermatitis – secondary bacterial infection (pustule, crust)	Head louse (Pediculus humanus car capitis) Severe itching of the scalp Post cervical LN -Can lead to secondary impetigo due to secondary infection
Mx	Confirmed by presence of amastigotes within skin biopsy -Aspirate and send PCR -Scrape the edges Tx: Intraregional pentavalent antimony	India ink -Treatment of family members -Permethrin cream -Lindane -Crotamiton -Sulpher	Examination of other family members -Combing with comb -Permethrin cream -Malathion -Lindan (Neurotoxicity not used in pregnancy and children)
Clinical feature			© 2003 Elsevier - Bolognia, Jorizzo and Rapini: Dermatology - www.dermtext.com

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