







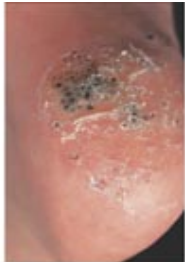

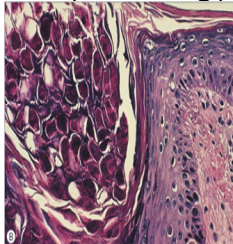













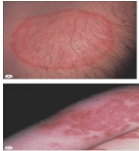




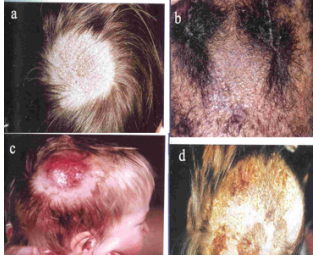
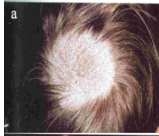
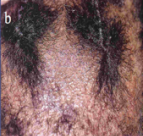





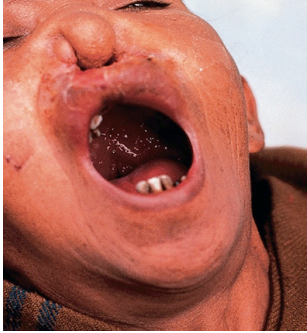






Skin Infections

Bacterial	Impetigo	Erysipelas	Cellulitis
Description	<p>Acute superficial cutaneous infection, Staph or gp A Strept.</p> <p>Types:</p> <ol style="list-style-type: none"> 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) 	<p>Superficial infection with lymphatics involvement</p> <p>Sharply demarcated red edematous</p> <p>-Strept Pyogens (GABHS)</p> <p>More in face – legs</p> <p>Commonly in immunocompromised</p> <p>Risk Factors: Minor abrasion – lymphatic dysfunction.</p> <p>Systemic signs: Leukocytosis and Fever</p>	<p>Deeper, SC</p> <p>-Acute, tased, hot, tender, erythematous</p> <p>- Strept Pyogens (GABHS), Staph Aureus</p> <p>More in legs</p> <p>Commonly in immunocompromised (venous stasis – chronic lymphedema)</p> <p>Risk Factors: Minor abrasion – lymphatic dysfunction.</p> <p>Systemic signs: Leukocytosis and Fever</p>
Prognosis	<p>Scarring is Unusual but Post inflammatory hyperpigmentation or hypopigmentation.</p> <p>Complications: APSGN latent period of 3 weeks.</p>		<p>Sepsis</p> <p>Lymphedema if recurrent</p>
Mx	<p>Staph and Strept are tx the same</p> <p>-Swab: Gram, stain shows gram +ve cocci. Culture.</p> <p>-Remove crust by wet dressing, NS</p> <p>- Localized Abx (Bactroban) – Systemic Abx for severe (widely distributed and not tx by topical) (Penicillin)</p>	<p>Smear from blood or fluid (if large edema and vesicle develops)</p> <p>-Cold compressor</p> <p>-Oral Abx or Iv for severe</p> <p>-Penicillin or erythromycin</p>	<p>Swab and blood culture</p> <p>-Acetaminophen Oral for healthy or IV in immunocompromised</p> <p>Pencillinase-resiatant penicillins</p> <p>Cephalosporin (1st)</p>
Clinical feature	<p style="text-align: center;">Non Bullous Bullous</p> 	<p>Well demarcated red</p> 	<p>Ill defined darker</p> 

Bacterial	Furuncle	Carbuncle	Folliculitis
<p>Description</p>	<p>Staph Aureus over hair follicles Inflammation of deep portions of hair follicle Nodule, single, deep seated. Usually recurrent; furunculosis.</p>	<p>Staph Aureus over hair follicles Infection of multiple hair follicles. Large and deep seated – drainage with a sinus.</p>	<p>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)</p>
<p>Mx</p>	<p>Swab and send for Culture and Geimsa Stain -Antistaph Abx topical -Antibacterial soap</p>	<p>Swab and send for Culture and Geimsa Stain -Antistaph Abx topically -Screen for carrier state (Bc of reccurance)</p>	<p>Swab and send for Culture and Geimsa Stain -Antibacterial soap -Topical and systemic Abx</p>
<p>Clinical feature</p>			

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 acuminata. 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 – Dermatoma
Mx	Resolve spontaneously -Cryotherapy -Topical acids (SA, TCA) -Electrocautary, curettage -Laser (spreads infections) -Immune therapy (BCG)	H/P: Hunderon-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	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p>Hand</p>  <p>Plane (flat)</p>  </div> <div style="width: 50%;"> <p>Planter</p>  <p>Genital</p>  </div> </div>	<p>Histopathology</p>  <p>Papule</p> 	   	 <p>Blisters</p>  

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 (itraconazole): 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) Recurrence
Clinical feature	Diffuse erythematous patch with pustule/itchy/moist  <p>Can be scrubbed</p> <p>Paronychia</p>	1  2    3    4  5  6  a  b  c  d 	

	Leshmaniasis	Scabies	Pediculosis Capitis
Description	1-Cutaneous (restricted to the skin) 2-Mucocutaneous (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	 	 	 <small>© 2003 Elsevier - Bologna, Jorizzo and Rapini: Dermatology - www.dermtext.com</small>   <small>© 2003 Elsevier - Bologna, Jorizzo and Rapini: Dermatology - www.dermtext.com</small>