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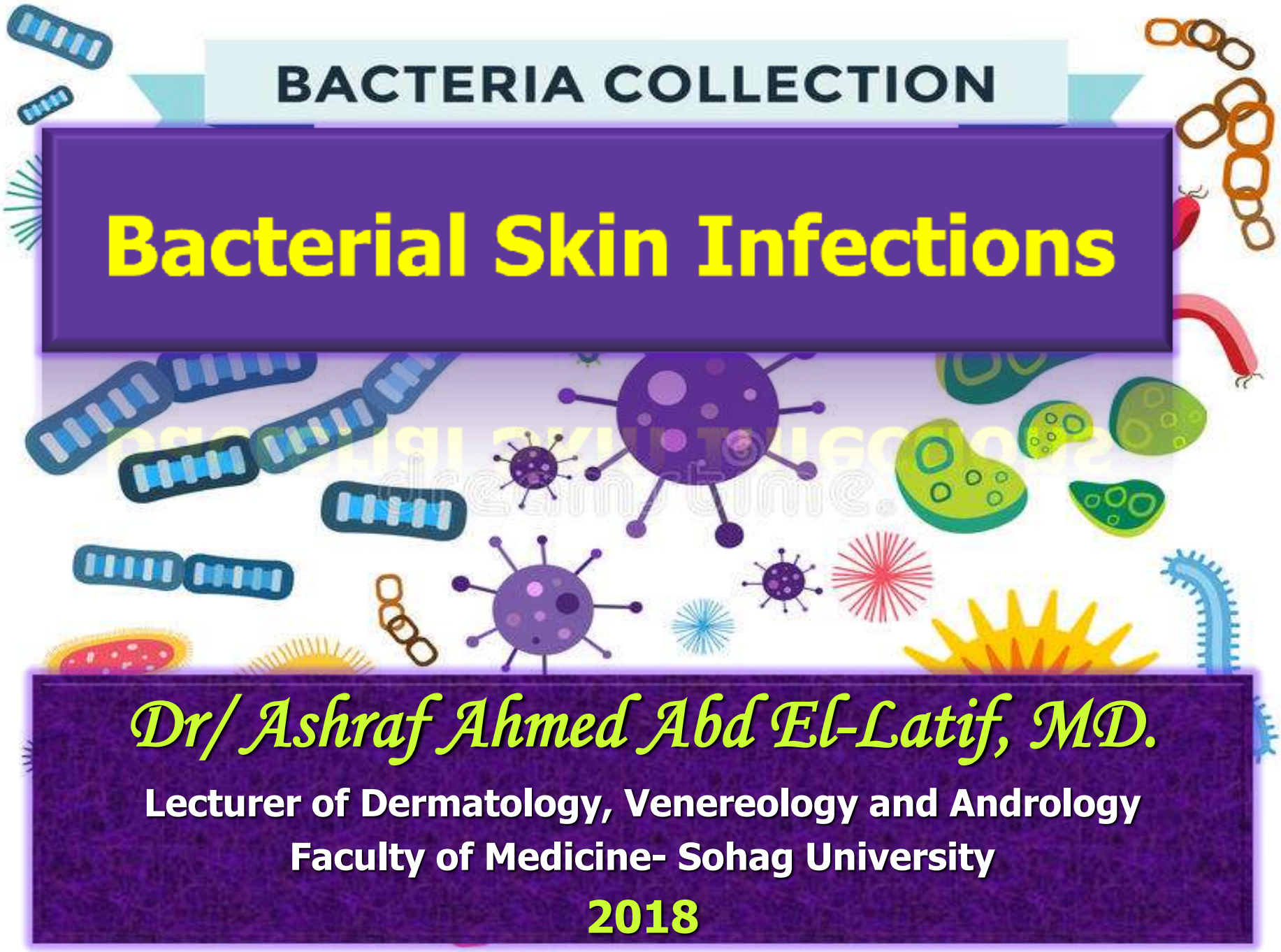

Bacterial Skin Infections

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2018

Staph.

Strept.

Impetigo

Ecthyma

Folliculitis

Fruncules

Carbuncles

Cellulitis

Erysipelas

Impetigo

Definition:

It is a contagious superficial pyogenic infection of the skin caused by staphylococci & streptococci.

- It is more common in children & occurs mostly during summer

Clinical types impetigo:

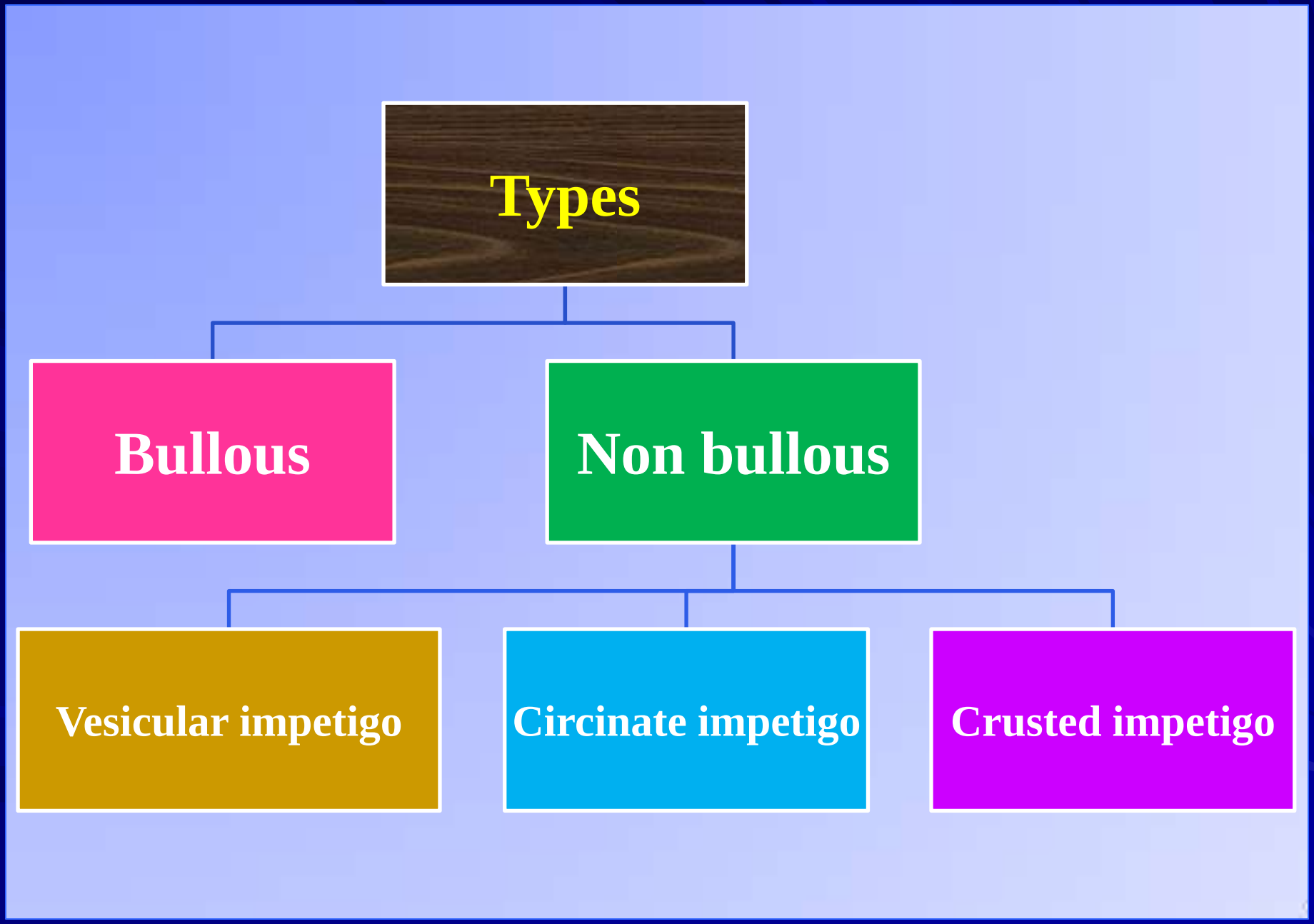
1) Non-bullous Impetigo:

It may caused by staphylococci, streptococci or both

2) Bullous Impetigo:

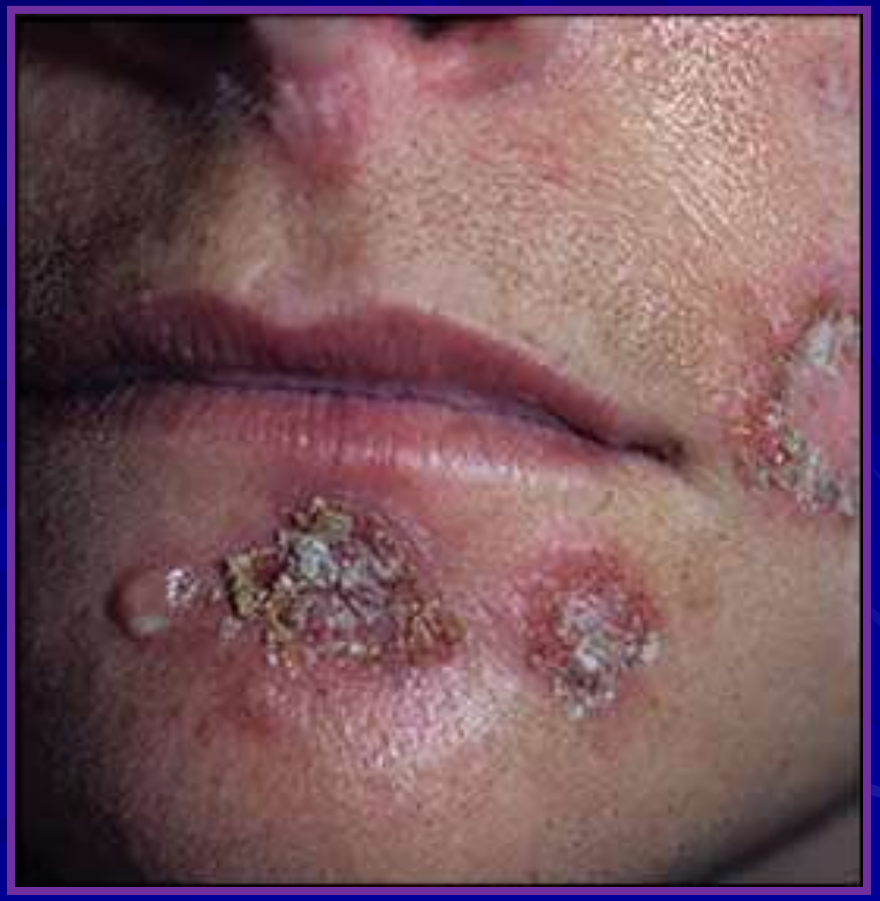
It usually caused by staphylococci aureus

(Dermatolysin)


Types
Bullous
Non bullous
Vesicular impetigo
Circinate impetigo
Crusted impetigo

Non-bullous Impetigo

- Thin-walled vesicle on erythematous base, that soon ruptures & the exuding serum dries to form yellowish-brown (honey-color) crusts that dry & separate leaving erythema which fades without scarring



Non-bullous Impetigo

- **Sites:** Exposed parts eg.

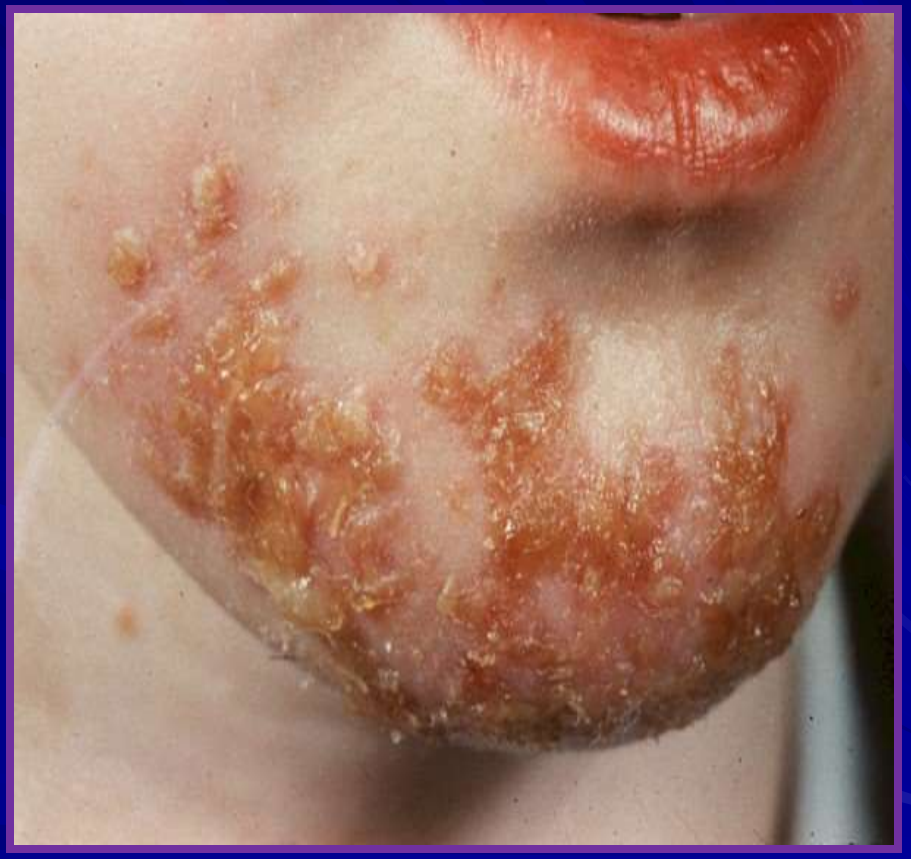
  face , extremities & Scalp

Any part could be affected

except palms & soles.

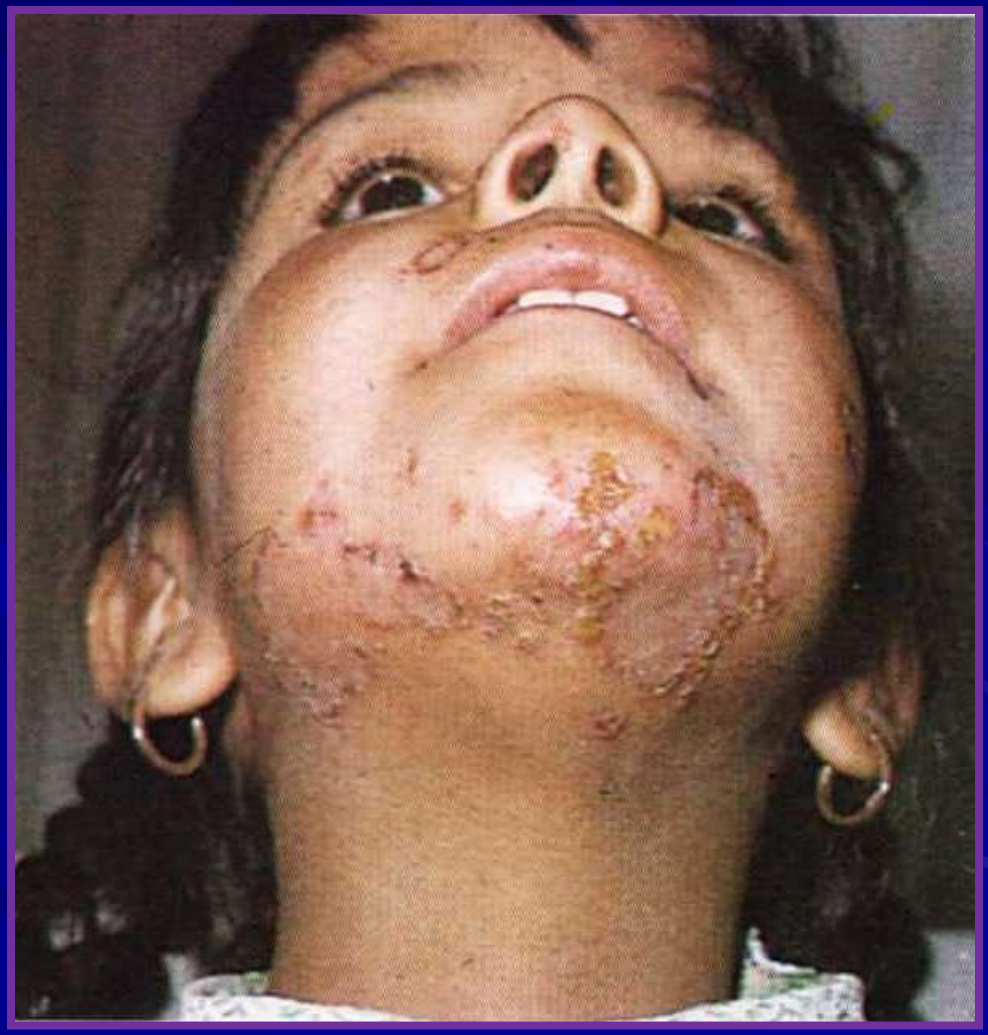
- Regional adenitis with fever

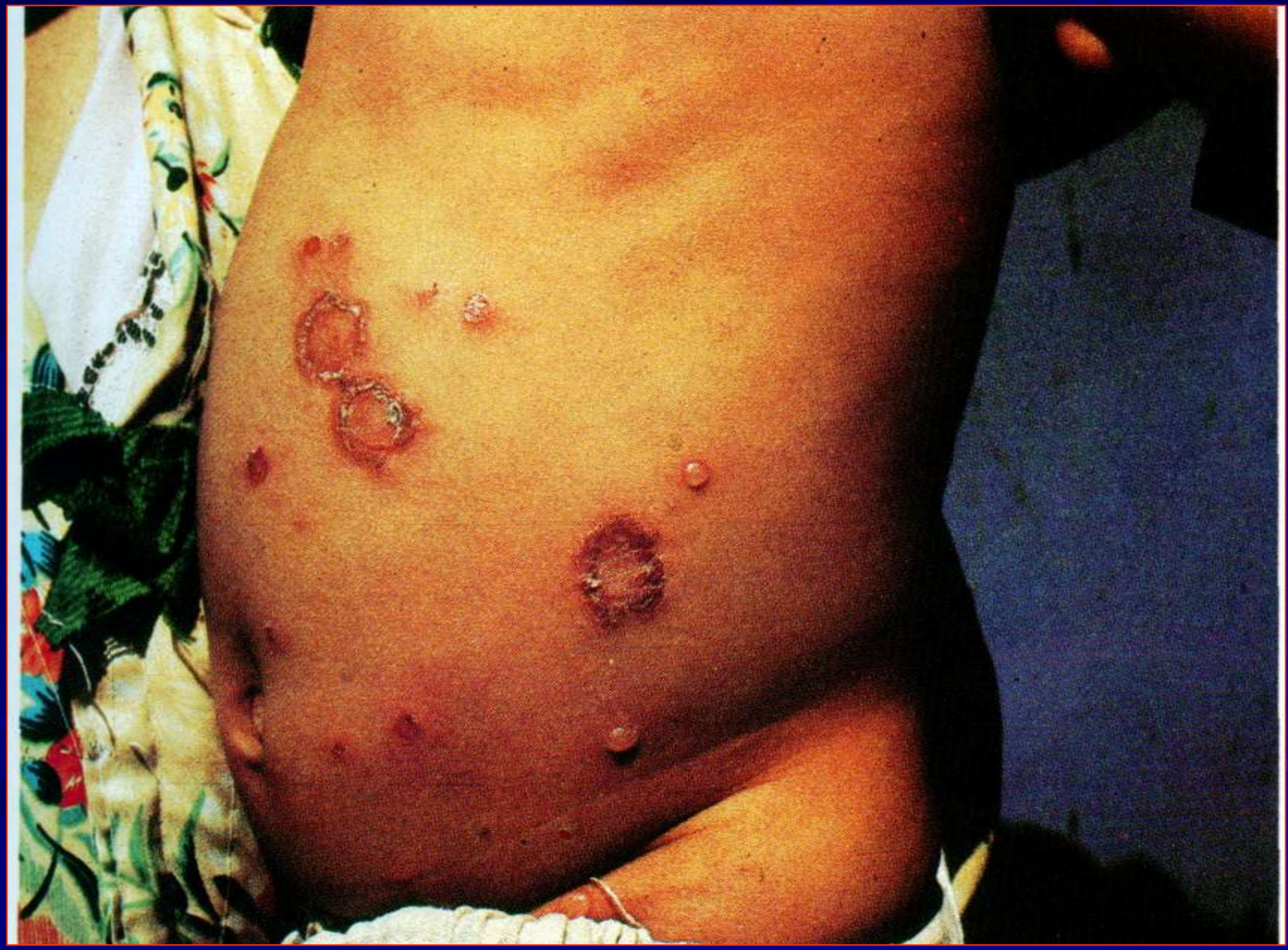
  may occur in severe cases.



Circinate impetigo

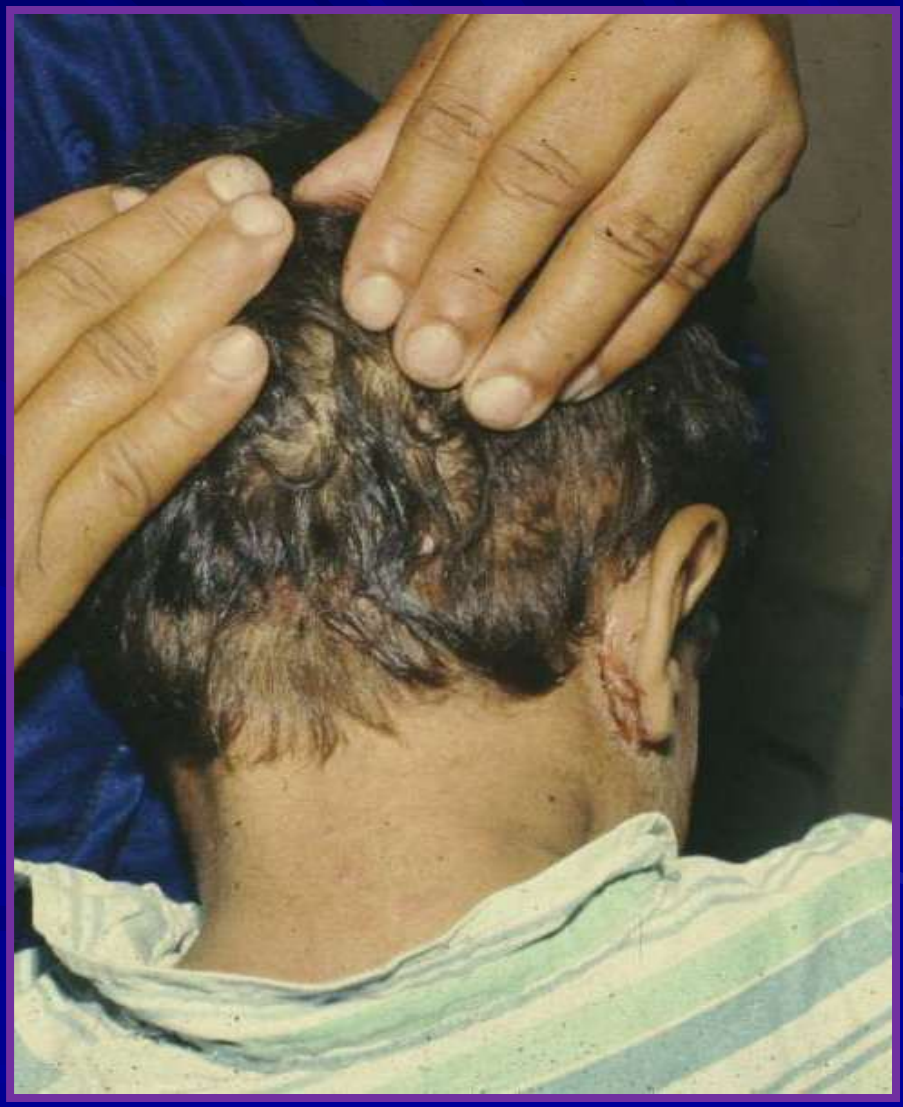
- Peripheral extension of lesion & healing in the center.
- D.D. of annular (circinate lesions)





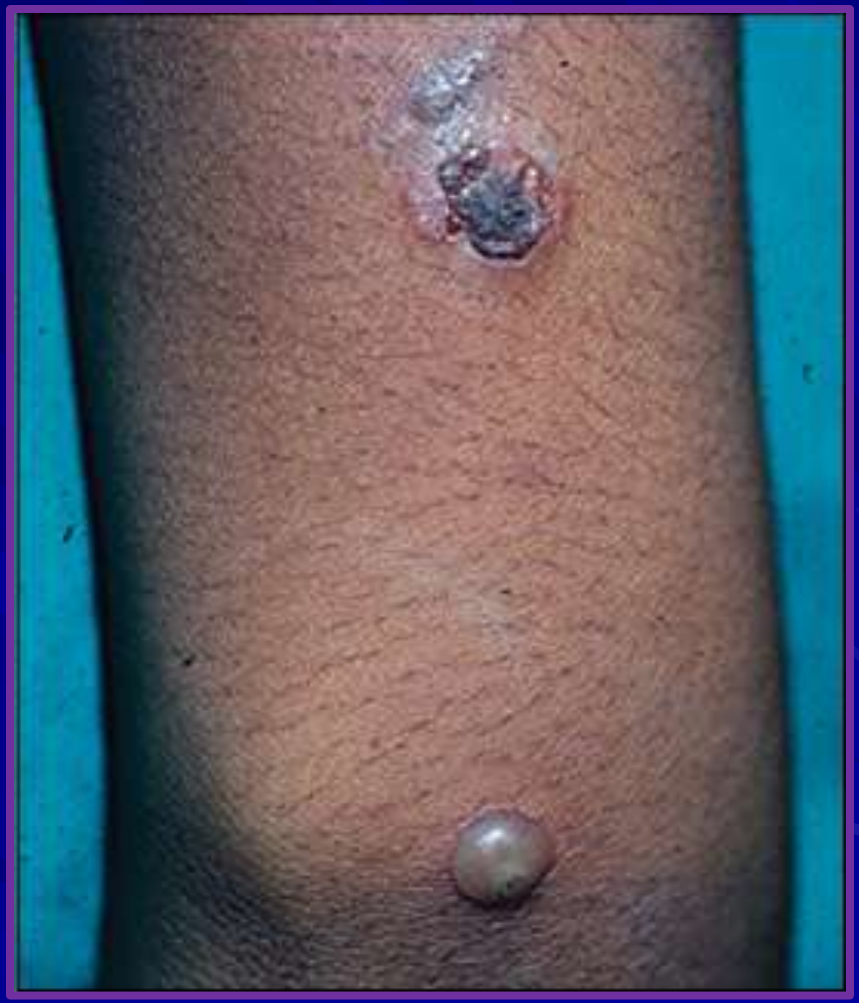
Crusted impetigo

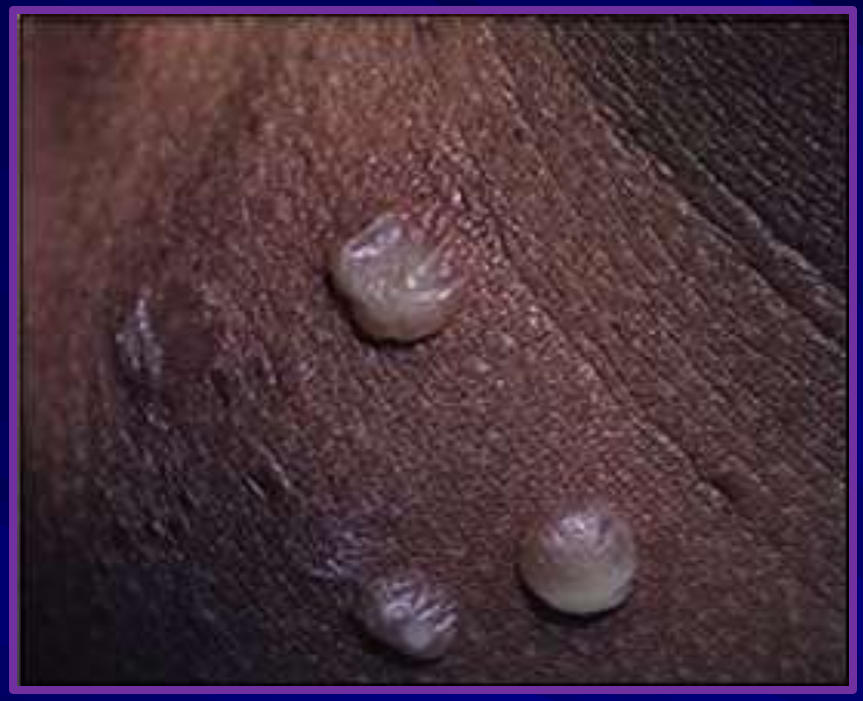
- On the scalp complicating pediculosis
- Occipital & cervical Lymph nodes are usually enlarged & tender

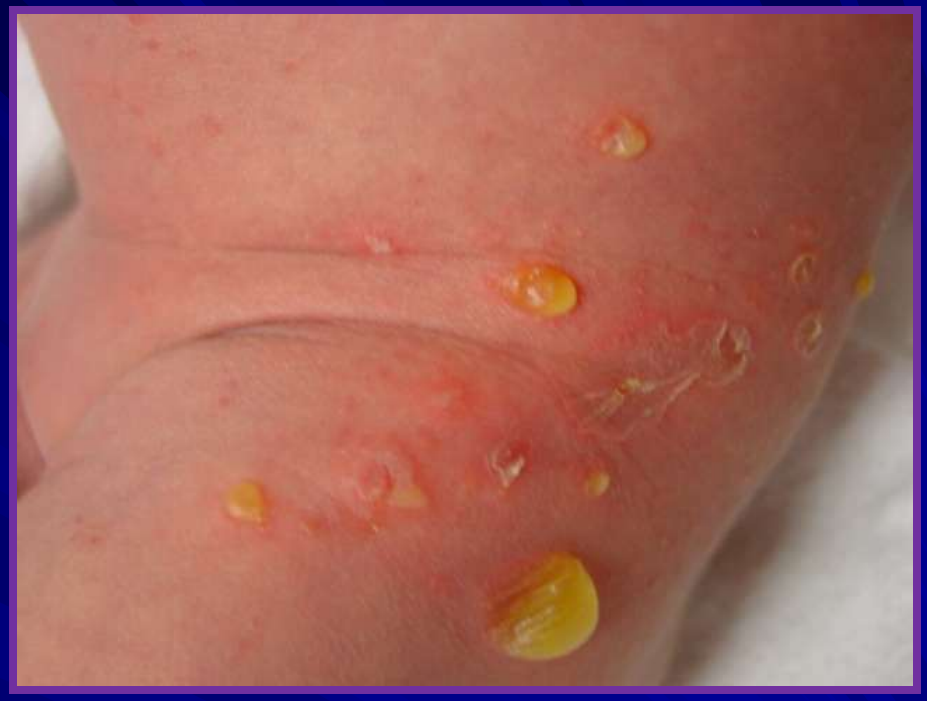


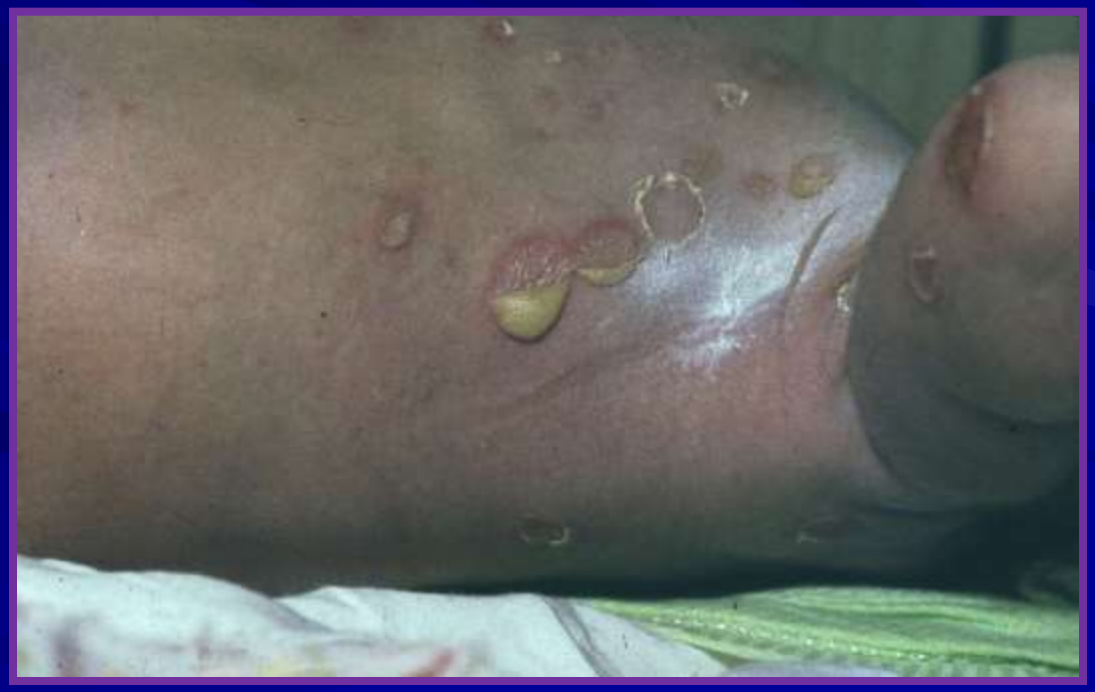
Bullous impetigo

- The bullae are less rapidly ruptured (persist for 2-3 days) & become much larger
- Contents are at first clear, later cloudy
- After rupture, thin, brownish crusts are formed









Complications

- **Glomerulonephritis:**

  due to beta- hemolytic Streptococci

- **Scalded skin syndrome:**

  This is a serious skin problem due to exotoxins of Staph aureus

Treatment

* Control of predisposing factors such as

(insect bits, pediculosis, scabies)

* Antiseptic solution such as :

(K-permanganate- Boric acid)

* Topical antibiotics such as:

(Fusidic acid - Mupricin)

* Systemic antibiotics such as:

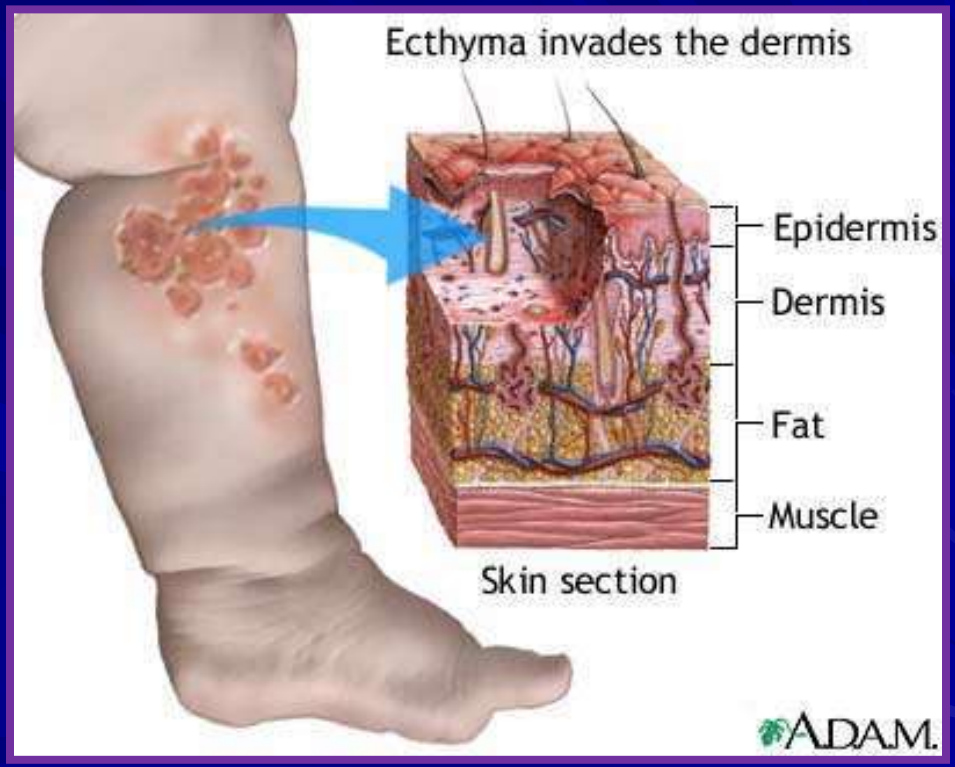
(Flucloxacillin or erythromycin)

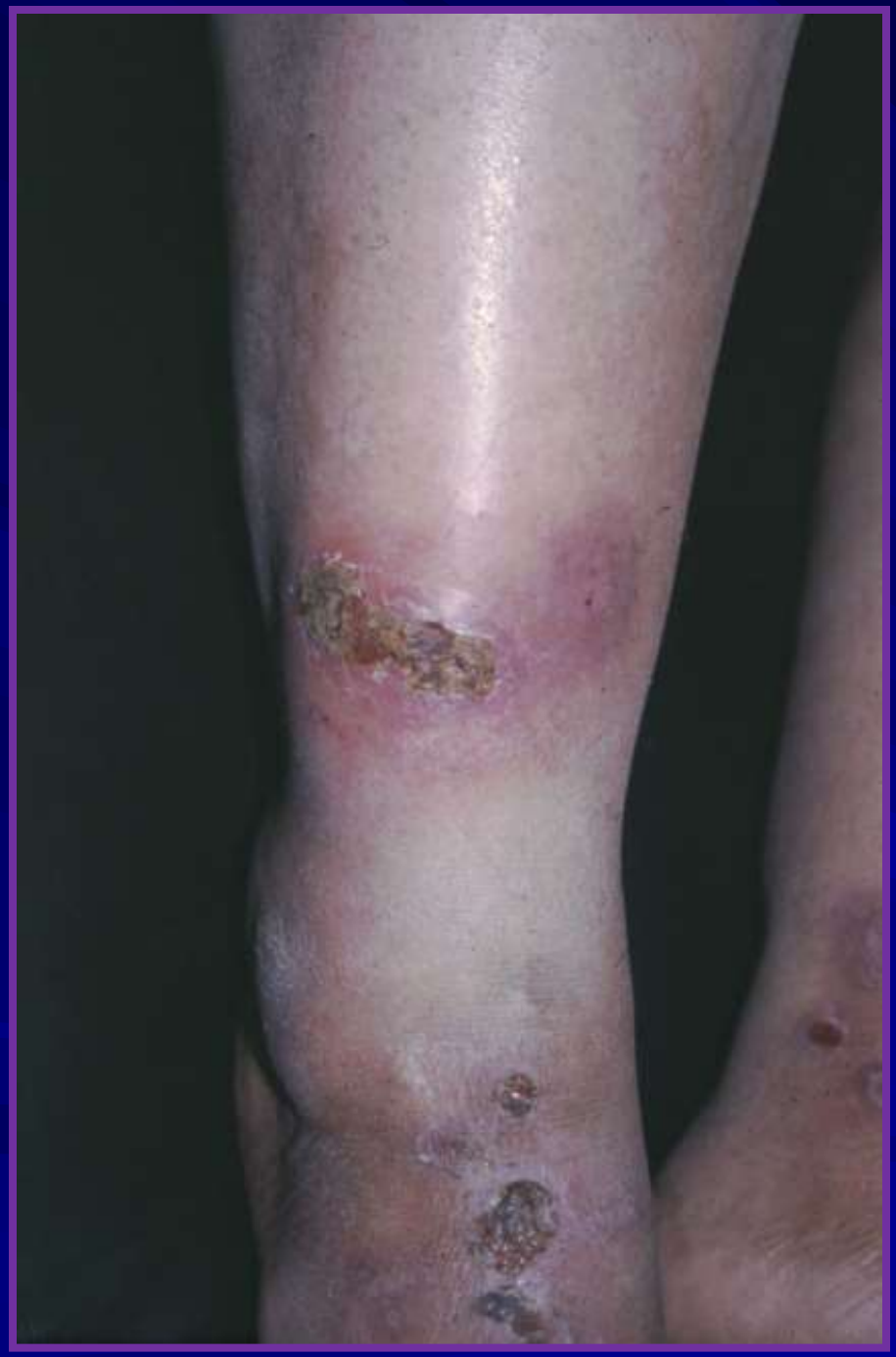
Indications of Systemic antibiotics

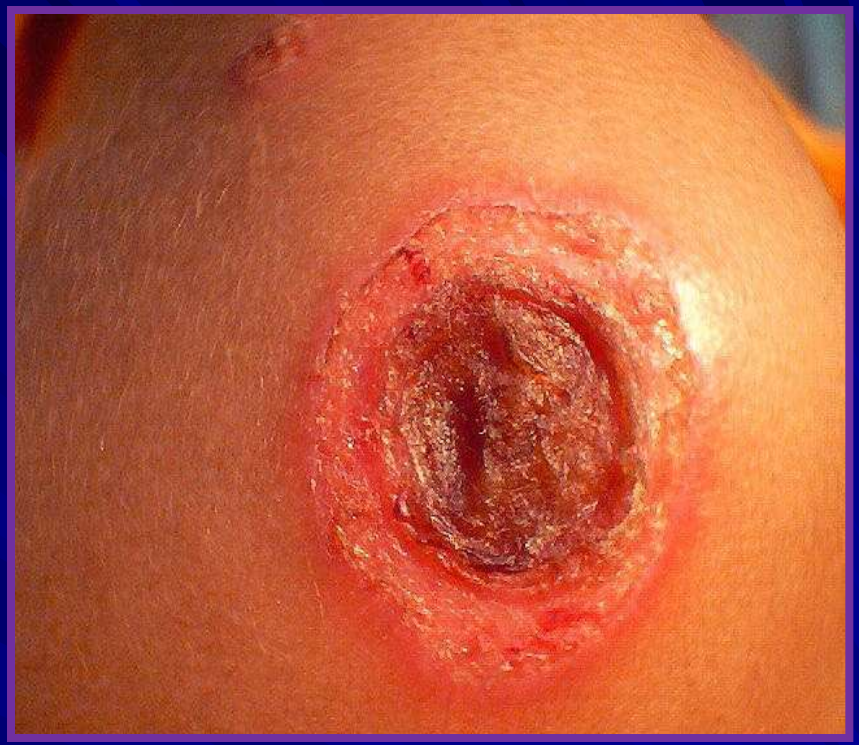
- Fever and conistitutional symptoms.
- Extensive lesions.
- Lymphadenitis.
- Failure of topical treatment
- Suspected nephrogenic strains

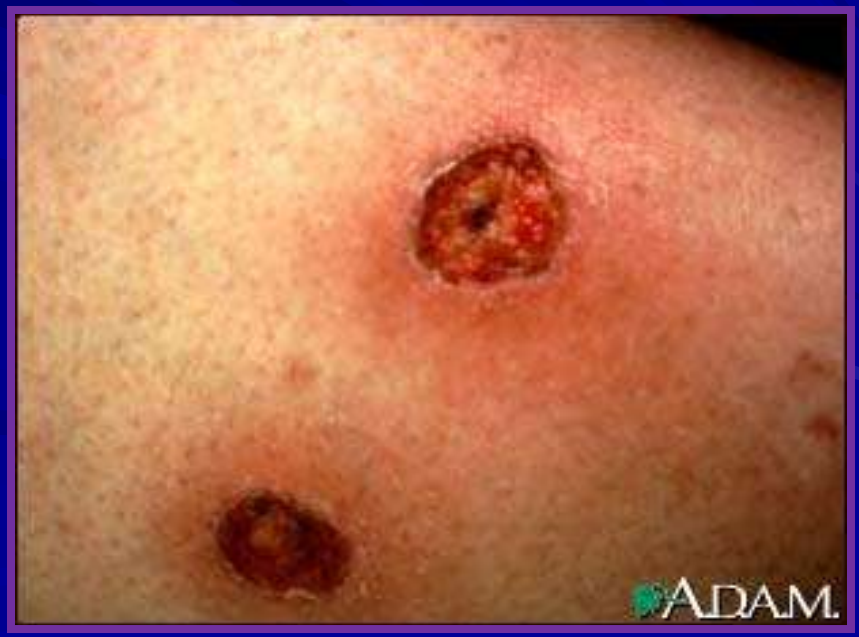
Ecthyma (ulcerative impetigo)

- Adherent crusts, beneath which purulent irregular ulcers occur.
- Healing occurs after few weeks, with scarring
- more on thighs & legs and buttocks







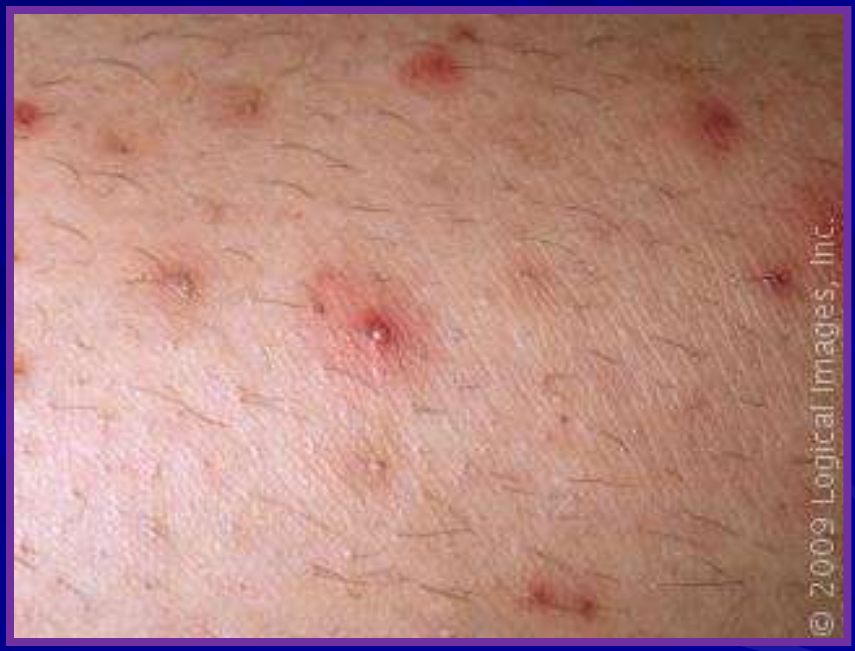

A.D.A.M.

Folliculitis

- Inflammatory disease of the hair follicles, which may be infectious or non-infectious
- Small pustules located at the base of hairs within the follicle structure

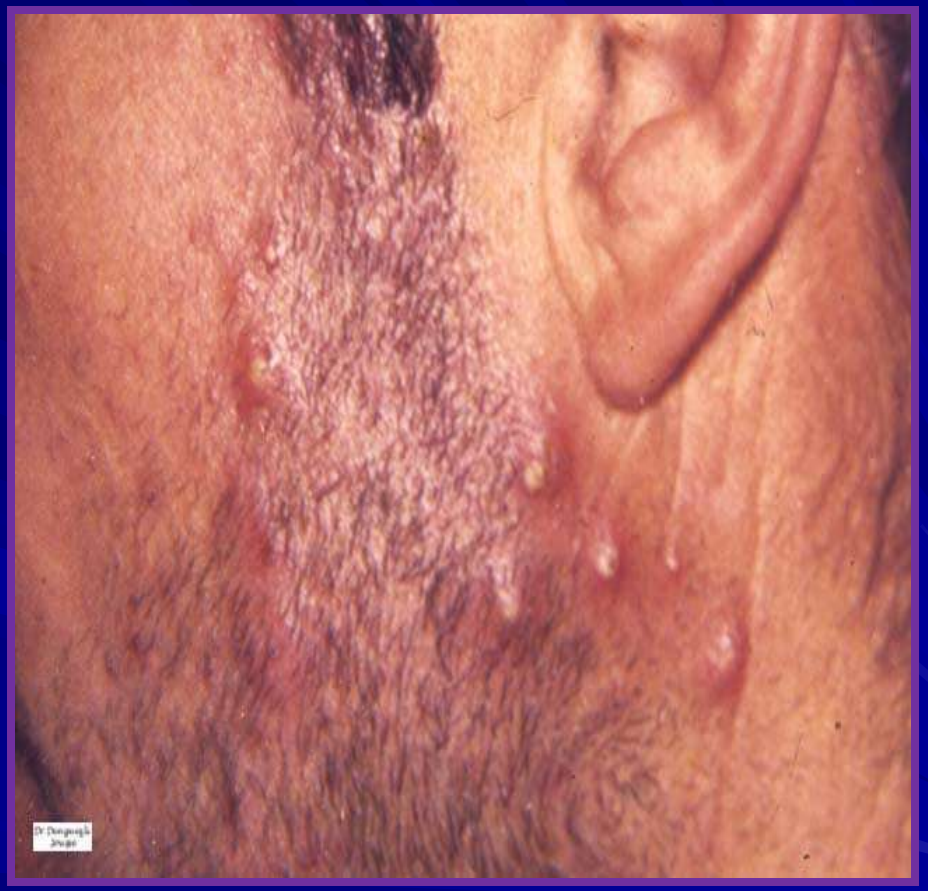
Superficial folliculitis (Bockhart's impetigo)

- Infection of the follicular orifices with *Staph. aureus.*
- It appears as fragile yellow pustules and affects mainly the extremities and scalp
- May complicate scabies

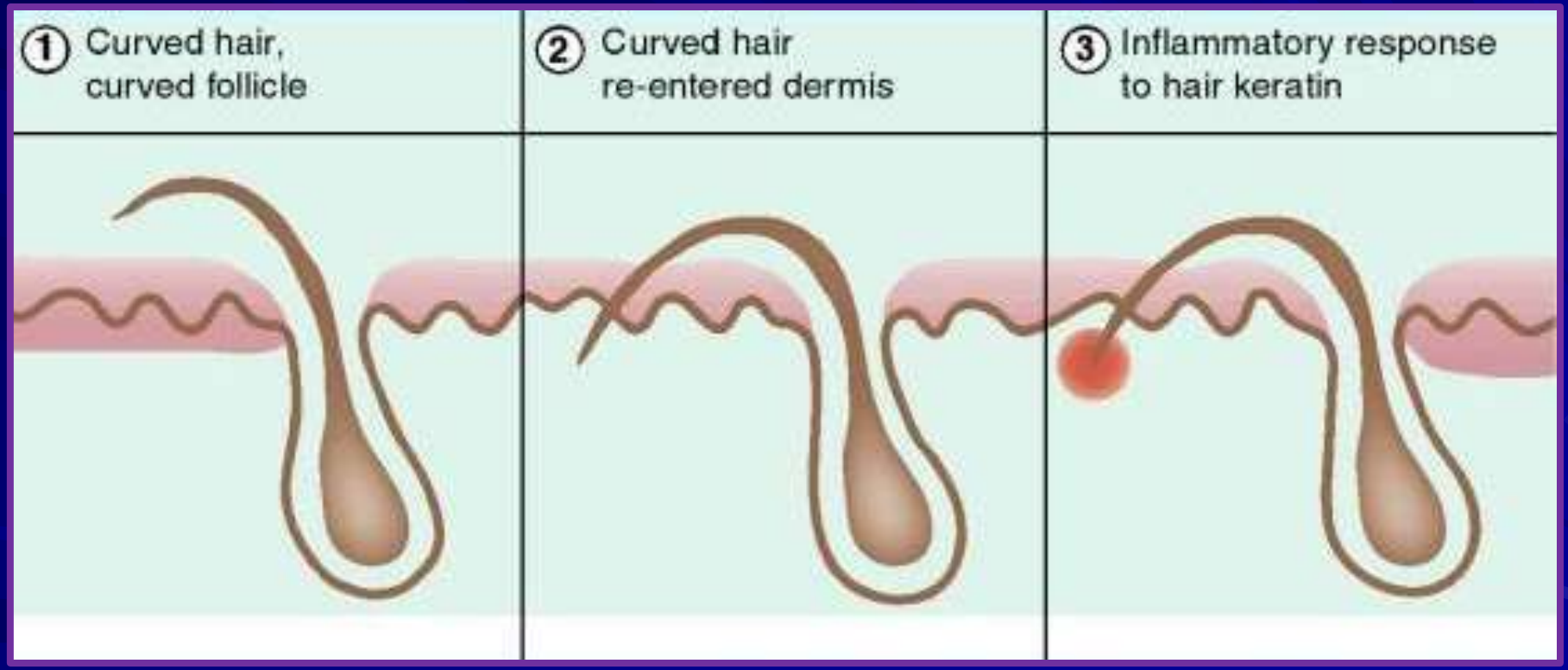


Sycosis vulgaris

- Perifollicular, chronic, pustular staphylococcal infection of the beard region
- Inflammatory papules and pustules
- Tendency to recurrence



Pseudofolliculitis



Furunculosis / Boils

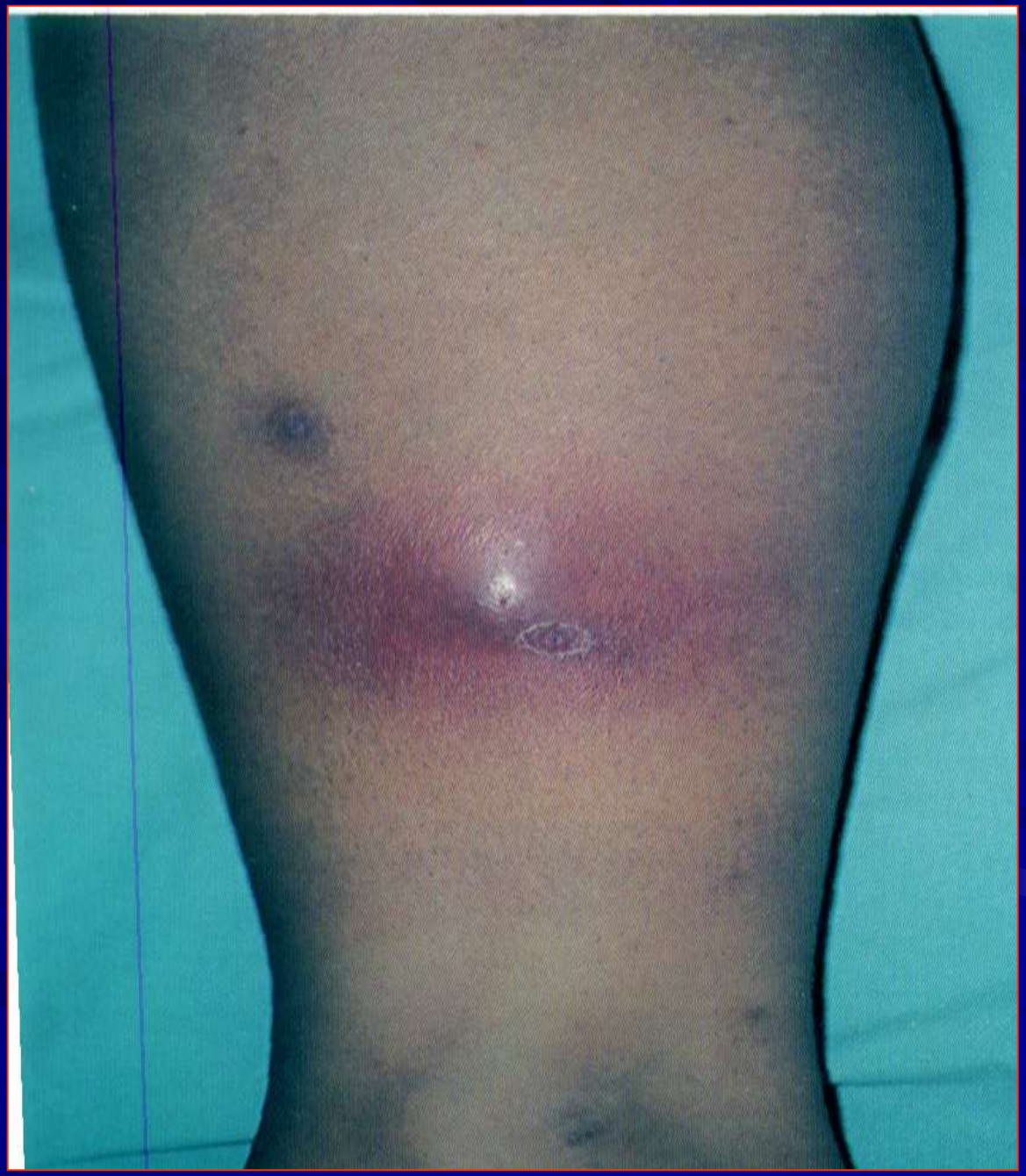
- **Boil** is an acute round, tender, circumscribed follicular staphylococcal abscess that generally ends in central suppuration
- **A carbuncle** is merely two or more confluent furuncles, with separate heads

Predisposing factors:

* **Impaired integrity of the skin surface by**
  - Irritation
  - Friction
  - Hyperhidrosis
  - Dermatitis or
  - Shaving
* **Presence of a contagion or autoinoculation from a carrier focus, usually in the nose or groin**
* **Systemic disorder as**
  * Malnutrition
  * Blood diseases
  * Diabetes
  * AIDS

Clinical picture:

- The lesions begin in hair follicles, and often continue for a prolonged period by autoinoculation
- Some lesions disappear before rupture, but most undergo central necrosis and rupture through the skin, discharging purulent, necrotic debris
- The sites commonly involved are the face and neck, the arm, wrist and fingers, the buttocks and the anogenital region



Treatment of boils:

* Topical and systemic antibiotics as for impetigo

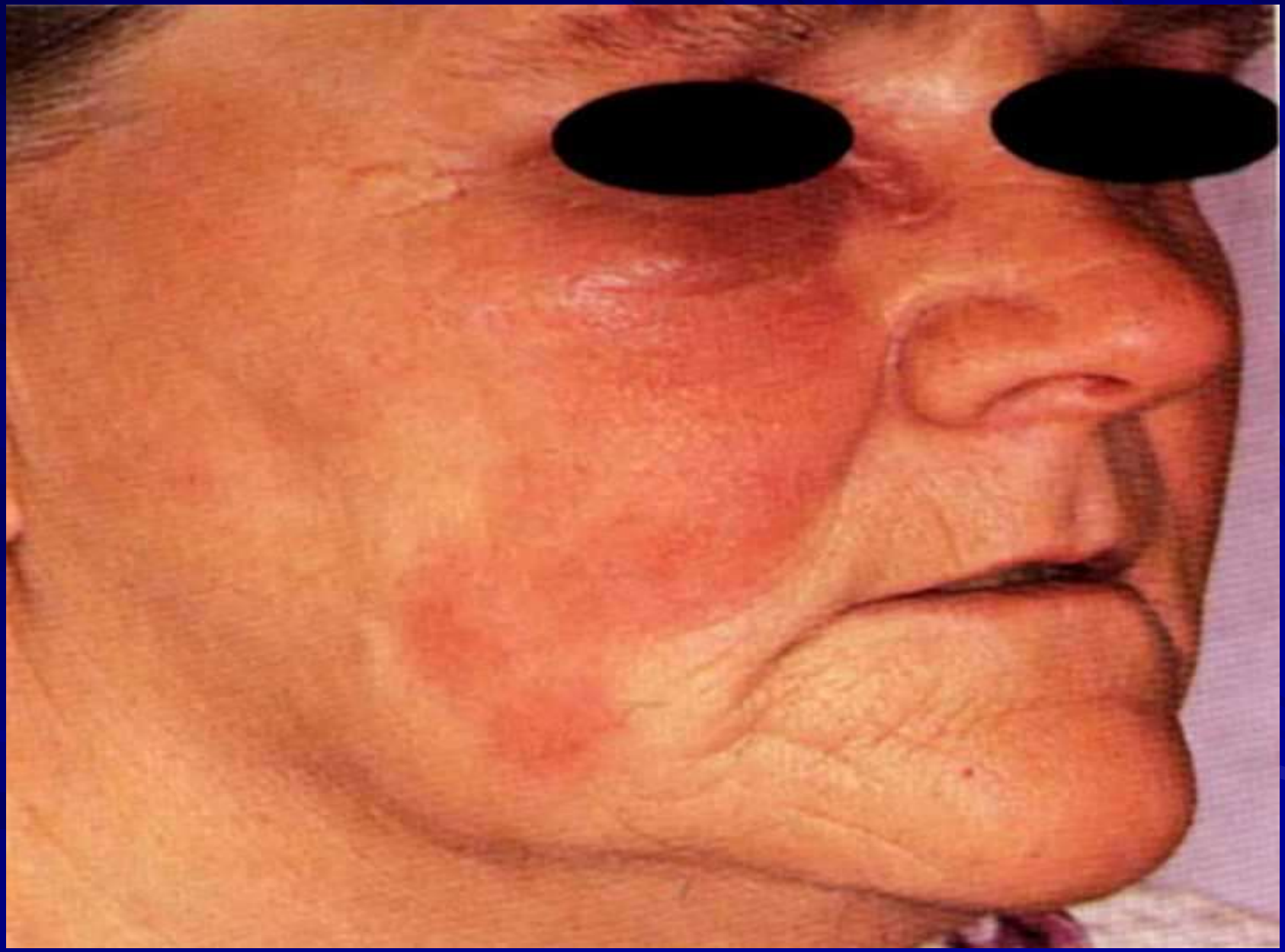
* Incision and drainage of some cases

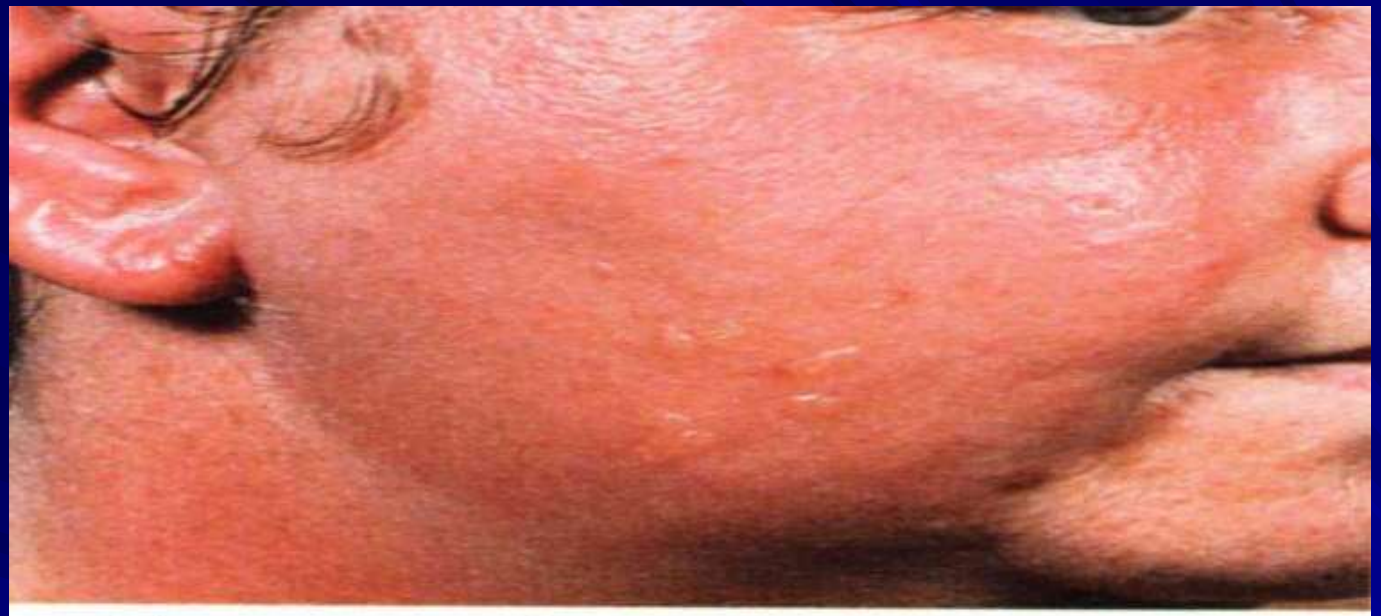
Cellulitis and Erysipelas

- **Cellulitis** is an infection of the subcutaneous tissue
- **Erysipelas** is more superficial as it involves the dermis and upper subcutaneous tissue
- **Cellulitis** may extend superficially and erysipelas deeply so that the two conditions overlap
- **Cellulitis and erysipelas** are caused mainly by *Streptococcus pyogenes*

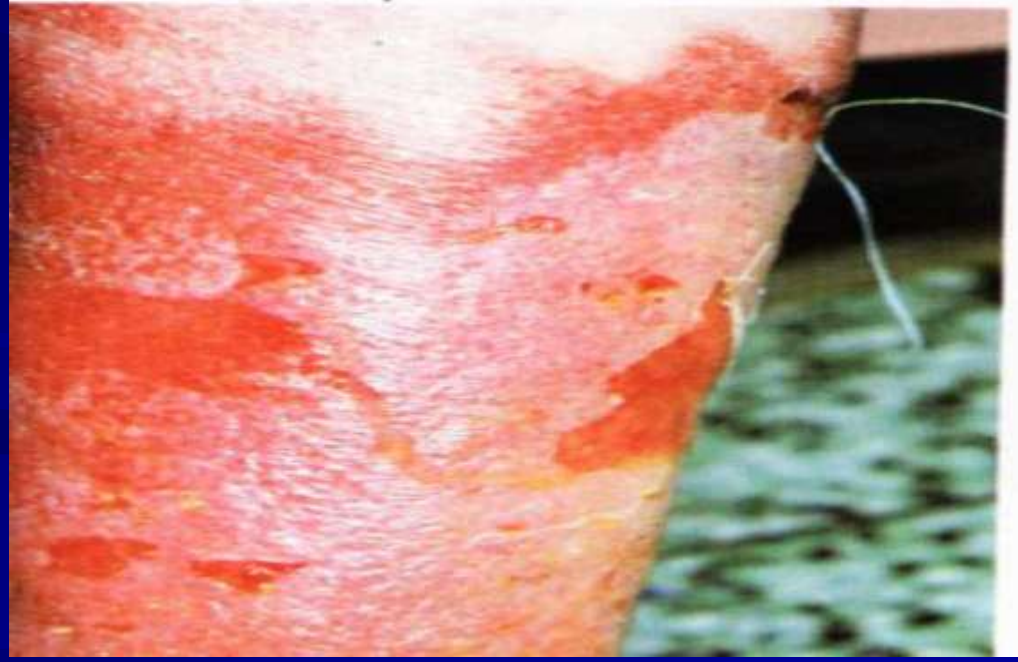
Clinical picture:

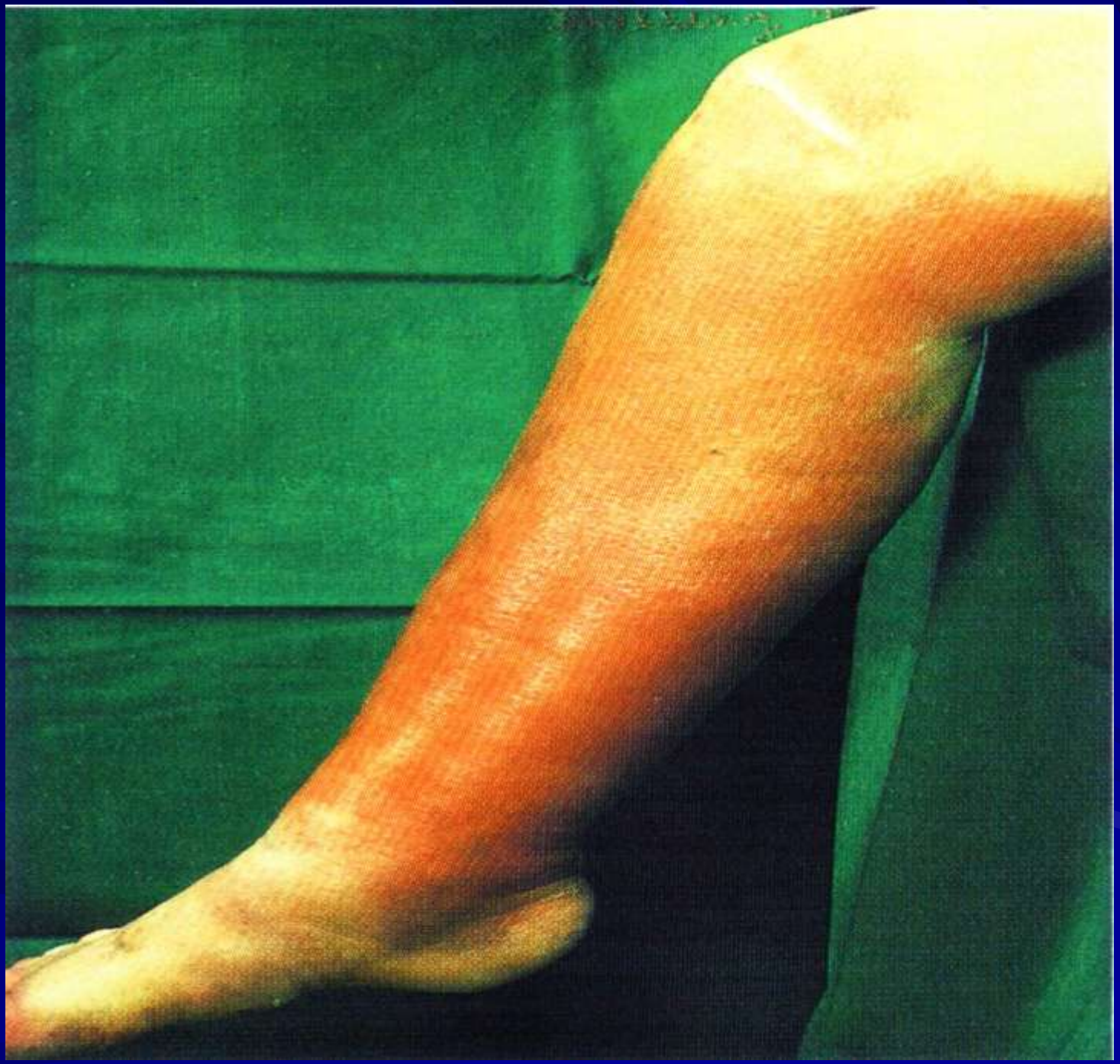
- Erythema, heat, swelling and pain or tenderness are constant features
- In erysipelas the edge of the lesion is well-demarcated and raised, but in Cellulitis it is diffuse
- Blistering and hemorrhage are more common in erysipelas
- Lymphangitis and lymphadenopathy are frequent
- The face and the legs are the most frequent sites affected
- Unusual complications
    - Gangrene
    - Metastatic abscesses
    - Grave sepsis





Erysipelas





Treatment:

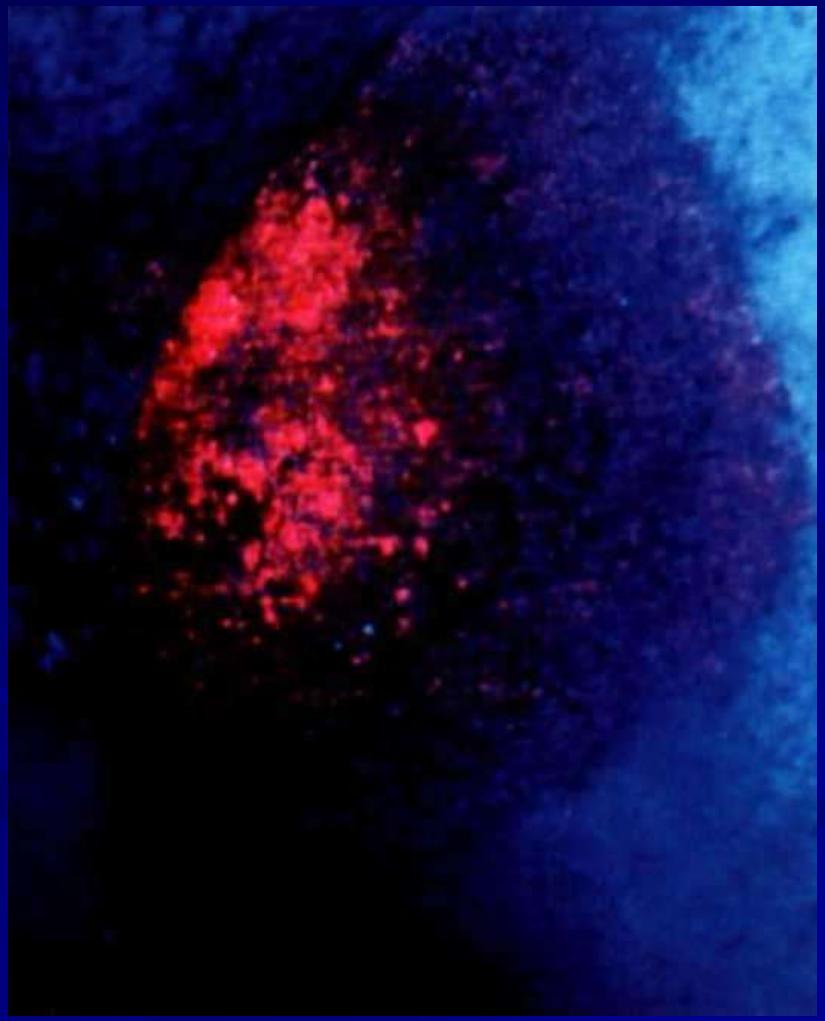
Systemic penicillin and cephalosporins are usually effective

Erysipelas	Cellulitis
➢ Abrupt onset with fever.	➢ A low grade fever may be present with a less abrupt onset.
➢ The skin is bright red.	➢ The skin is dull red.
➢ A spreading, hot, tender plaque with a well-defined border.	➢ The border is less well defined, fades into the surrounding skin.
➢ Vesicles and bullae may be present.	➢ No blisters are present.

Erythrasma

- *Corynebacterium minutissimum*
- sharply marginated, dry, brown, slightly scaling patches occurring in the intertriginous areas, especially the groins, axillae and the intergluteal and submammary flexures

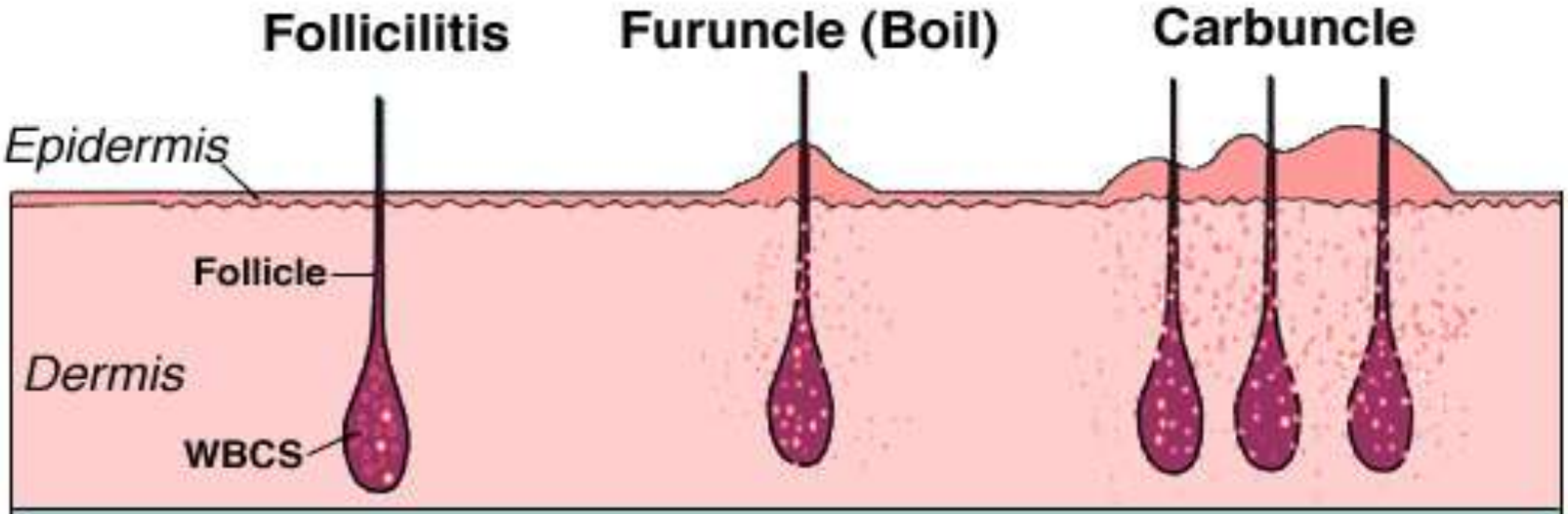
Erythrasma (Wood'light)



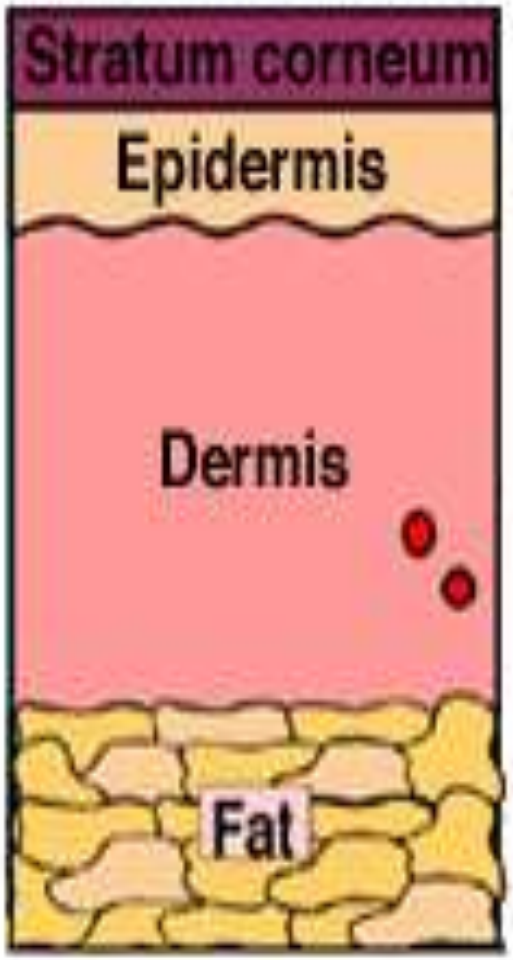
Treatment of erythrasma

1- Topical azole antifungals.

2- Oral erythromycin in extensive cases.



Follicilitis	Furuncle (Boil)	Carbuncle
1mm perifollicular red papule or pustule	About 1cm tender red papule or fluctuant nodule	Several cm diam red plaque
Areas of sweat & abrasion	Areas of sweat & abrasion	Nape of neck
Rx: Tetracycline or erythromycin 500 mg 2x/day	1. Incise & curettage. 2. Dicloxicillin 250mg 4x/d for 10 days, or Augmentin 500mg 2x/day for 10+ days	1. Incise and curettage or excise 2. Dicloxicillin 250mg 4x/day for 10+ days or rampin 300mg 2x/day for 10+ days (Orange body fluids)



← Impetigo	Vesicles/honey colored erosions
← Ecthyma	Crusts/erosions
← Erysipelas	Tender, red plaque with sharp borders
← Lymphangitis	Red streaks (usually on an extremity)
← Cellulitis	Tender, red plaque


Thank you