



A Yellow, Crusty Face Plaque

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A 30-year-old otherwise healthy male with history of eczema presents with pruritic and occasionally tender, yellow, crusted plaques on his face. He has been using a moderate potency topical steroid with only modest benefit.

1. What is the most likely diagnosis?

- Tinea faciei
- Contact dermatitis
- Herpes simplex infection
- Impetigo
- Granuloma annulare

2. What are the possible causes of this lesion?

- Staphylococcus aureus*
- Group A β -hemolytic streptococcus
- Pseudomonas aeruginosa*
- Trichophyton rubrum*
- a and b

3. How could you manage this lesion?


- Topical antibiotics for a few lesions
- Oral terbinafine
- Oral antibiotics for multiple lesions
- Oral fluoroquinolone
- a and c

Impetigo is a contagious infection caused by a Gram-positive bacteria in the epidermis, typically *Staphylococcus aureus* and/or group A β -hemolytic streptococci. Methicillin-resistant *S. aureus* (MRSA) is increasingly being observed. The condition can present in either the bullous or non-bullous forms. *S. aureus* is commonly found colonizing the anterior nares



Figure 1. Yellow, crusty plaque on the face.

and less commonly the perineum, axillae and hands. Individuals with atopic dermatitis are much more likely to be colonized by this bacteria. Impetigo can affect anyone, particularly children less than six-years-of-age.

Clinically, non-bullous impetigo appears as an erythematous macule that soon develops vesicles and after rupturing, a crusted yellow exudate and erosion remain. Lesions are typically pruritic and sometimes painful. The diagnosis is clinical, although bacterial culture and sensitivity can be useful to identify MRSA. Management involves use of topical (e.g., fusidic acid, mupirocin three times a day for 10 days) and/or oral antibiotics (e.g., β -lactams, tetracyclines or clindamycin in MRSA). 

Answers: 1-d; 2-e; 3-e

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