



Dry and Moist Skin Lesion

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A five-year-old boy presents with a four-day rash on his face. He has been previously healthy but his father had seen him scratching his nose.

1. What is your diagnosis?

- Ringworm
- Seborrheic dermatitis
- Herpes simplex
- Impetigo
- Dermatophytosis

2. What pathogens are involved in this infection?

- Herpes virus type 1 and 2
- Staphylococcus Aureus
- Pseudomonas aeruginosa.
- Dermatophytes
- Group A *Streptococcus*

3. How could you manage these lesions?

- Gentle cleansing
- Topical antimicrobials
- Systemic antimicrobials
- Mupirocin
- All of the above

Impetigo is a superficial bacterial infection of the epidermis most frequently caused by *Staphylococcus aureus* and Group A *Streptococcus*. The infection rises from minor breaks in the skin and can be the complication of previous skin problems such as eczema or insect bites.

If untreated, this infection can progress in weeks to ecthyma (infection at the dermis) or more disseminated




Figure 1. Four-day rash on the face.

infections such as cellulitis, lymphadenitis or possibly septicemia. This infection can affect any part of the body but most frequently affects the perioral and around the nose areas. Impetigo is contagious, mostly from direct contact but it can also be transmitted by fomites.

There are two types of impetigo: Bullous and non-bullous. The non-bullous impetigo is more common and presents with small vesicles that soon rupture producing erosions surmounted by honey-yellow crusts. The lesions are scattered but can become confluent and with satellite lesions.

In the bullous impetigo, larger vesicles and bullae are present. They arise from normal looking skin, with no basal erythema. They contain a clear fluid that becomes turbid.

Treatment includes gentle cleansing with antibacterial soap, betadine or chlorhexidine. Topical application of Mupirocin (pseudomonic acid). Systemic antimicrobial treatment is also used for more severe lesions. 

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

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