SKIN INFECTIONS & RASHES

* Cellulitis
Staph, strep, pseudomonas
- Remember that it may mimic dermatitis, but pts w/ cellulitis typically have systemic symptoms: fever, leukocytosis.
- Labs are often not necessary.
- Rapidly spreading is concerning, so draw a line around rash.

Erysipelas has clearly demarcated borders, cellulitis does not!
↳ more superficial (eg. face from shaving)

- If skin infection d/t laceration in salt water, think vibrio. Freshwater, think pseudomonas.

* Necrotizing fasciitis
- If "cellulitis" is making the patient have septic signs, think necrotizing fasciitis. → or diabetic or HIVt
- ↑ creatinine, CRP, glucose, WBC; gas in soft tissue on XR.
- May or may not have bullae.
- Tx: surgical debridement and broad-spectrum abx.
- MD Calc has LRINEC to calculate likelihood of dx.

* Abscess
- Tx: I/D over area of greatest fluctuance
- Abx
  - Complicated (fever, immunocompromised, etc): get abx → bactrim, keflex, etc. (cover for MRSA & pseudomonas; overlying cellulitis)
  - Uncomplicated: no abx recommended.

* Dog Bites
- Open wounds are best for allowing drainage, so try to avoid suturing. (Exception: wounds on face → those get sutures)
- ALWAYS give Augmentin ("Dogmentin"); Doxy if pen-allergic.
- Organism: pasteurella multicoda (for cat bites too)
  Tx: Augmentin

* Cat Bites
- Abx for all - 80% of cat bites get infected!
- Organism: pasteurella Tx: Augmentin
- Unilateral lymph node swelling, think Bartonella = cat scratch fever
  - Tx: Zithromax

* Toxic Shock Syndrome
- To make the dx, must have:
  - Temp of at least 102 F
  - Hypotension (SBP<90)
  - Rash (diffuse, blanching, macular erythroderma)
  - Involvement of at least 3 organ systems.
- Rash fades w/in 3 days and is followed by a full-thickness desquamation including hands and feet.
- Tx: IV fluids, pressors, ventilatory support, abx → Clindamycin + Imipenem or Zosyn

* Stevens-Johnsons Syndrome

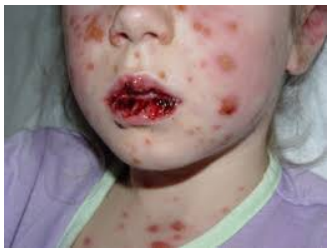
- Sx: fever and mucosal involvement ; Positive Nikolsky's sign. ↗ when the top layer of the skin slips away from the lower layers when rubbed.

Ddx: } mucous membrane desquamation (oral, nasal, anal, genital)

* Toxic Epidermal Necrolysis

- Sx: same as SJS + "atypical", irregular targetoid rash w/ ocular involvement, typically.

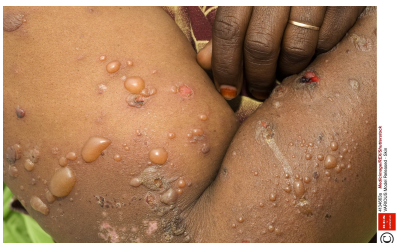
*SJS/TEN = fever, conjunctivitis, stomatitis, & rash



* Pemphigus Vulgaris

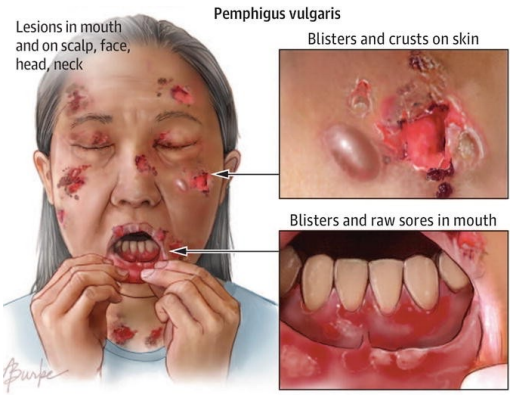
- Bullae that look "vulgar and violent"
- Rare but potentially lethal - mostly seen in older adults (40-60y). Associated w/ autoimmune disorders.
- Starts in mouth and is painful.
- Tx: steroids, IVF, admission

Ddx: Bullous Pemphigoid : more chronic, lichenified appearance; not lethal.



↙ Bullous Pemphigoid

Pemphigus Vulgaris ↘

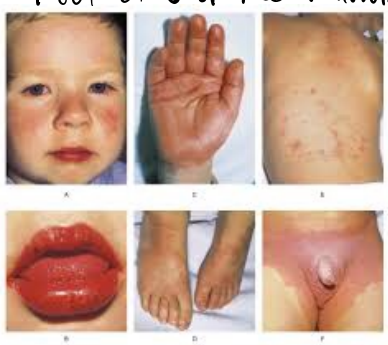


* Kawasaki Disease

- Pediatric pt. Five years old or less w/ fever for five days, and 4 out of 5 of the following:

"CRASH and burn"

- **C**onjunctivitis
- **R**ash (Polymorphous Rash)
- Cervical **A**denopathy
- **S**trawberry tongue
- **H**ands and feet have rash
- **Burn** = fever (for at least 5 days



- If left untreated, high risk of Coronary Artery Aneurysm!
- Tx: IVIG and aspirin

* Meningococcal Meningitis

- Petechial rash of skin and membranes.
- Inconsolable child (vs. lethargic child)