

INFECTIOUS DISEASES OF THE SKIN

I. Viral

A. Herpes simplex (types I and II)

1. Primary
2. Recurrent

B. Zoster--reactivated Varicella

C. Molluscum Contagiosum

D. Human Papilloma Virus

1. Warts
2. Condyloma acuminata
3. Cervical dysplasia
4. Laryngeal polyps

E. Exanthems

1. nonspecific--similar to morbilliform drug reaction
2. specific
 - a Fifth Disease--Parvovirus
 - b Sixth Disease (Roseola)--HSV VI
 - c Hand, foot and mouth disease--Coxsackie virus
 - d ?Pityriasis Rosea - ?HSV VII

II. Bacterial

A. Impetigo

1. Staph aureus, NOT Strep
2. Honey colored crusts, erosions with a red base
3. May be bullous
4. Treatment:
 - a Systemic antibiotics
 - b Topical antibiotics ineffective except Bactroban!

B. Cellulitis

1. Staph, Strep, H. influenza (children)
2. Tender, bright red dermal plaques with indistinct borders
3. Constitutional symptoms--fever, arthralgias, malaise

C. Erysipelas

1. Strep usually causative
2. Extremely well demarcated red indurated plaques
3. Recurrence is frequent

D. Mycobacteria

1. Leprosy--*M. leprae*

Tuberculoid		Borderline		Lepromatous
TT	BT	BB	BL	LL

2. Atypical Mycobacterium--

- a *M. marinum*
- b Fish tank (swimming pool) granuloma

E. Pseudomonas--hot tub folliculitis

F. Disseminated

1. Gonococemia
 - a rare, painful hemorrhagic pustules
 - b palms and soles
 - c septic arthritis
2. Meningococemia
 - a gun metal grey hemorrhagic pustules
 - b EXTREMELY DANGEROUS
3. Rickettsia--Rocky Mountain Spotted Fever
 - a wood tick vector
 - b acral hemorrhagic papules

III. Fungal

A. Superficial

1. Dermatophytes
 - a "ringworm, athlete's foot, jock itch"
 - b annular scaling pink plaques with central clearing
 - c Skin--Tinea corporis, cruris, pedis, etc.
 - d Hair--Tinea capitis
 - e Nail--Tinea unguium
 - f 3 genera
 - i Trichophyton spp
 - ii Epidermophyton
 - iii Microsporum spp
 - g Diagnosis--KOH slide

h Treatment

i topical--imidazoles

ii systemic--griseofulvin, ketoconazole

2. Candida--*C. albicans*

a bright red plaques with satellite pustules

b skin: moist intertriginous areas (groin, glans, angles of mouth)

c oral: thrush

d Treatment: nystatin, imidazoles (NOT griseofulvin)

3. *Pityrosporum*

a P orbiculare, ovale

b normal commensal in oily areas

c Tinea Versicolor (*Malassezia furfur*)

d Folliculitis

B. Deep

1. Begin as self limited acute respiratory infection with fever, cough with eventual spread to skin (in rare instances)

2. Histoplasmosis

a oral lesions

b Ohio River basin

c Erythema multiform, Erythema nodosum

3. Blastomycosis

a Eastern USA

b vegetative, verrucous plaques

4. Coccidioidomycosis
 - a Pacific Southwest
 - b EM, EN
 5. Paracoccidioidomycosis--Amazon basin
 6. Sporotrichosis--verrucous papules, nodules, plaques, peat moss, rose thorns
- IV. Infestations
- A. Scabies--Sarcoptes scabii
 - B. Pediculosis
 1. capitus--head lice
 2. corporis--body lice (organisms found in seams of clothes only, not on body)
 3. pubis
 - a pubic lice "crabs"
 - b also may affect eyelashes
- V. Parasites
- A. Cutanea larva migrans (creeping eruption)
 - B. Schistosomiasis--(duck itch, swimmer's itch)
- VI. Spirochetes
- A. Syphilis--Treponema pallidum
 1. a. Primary--chancre: painless, indurated ulcer at inoculation site, RPR negative
 2. Secondary--Pityriasis rosea like rash 1 to 6 months after 1⁰ infection

- a brown macules on palms and soles
 - b mucous patches
 - c Condyloma lata
 - d RPR positive; spirochetes recoverable from all lesions
 - e latent--RPR remains positive; no lesions
3. Tertiary--5 to 30 years after latency
- a gumma
 - b arthritides
 - c cardiac, neurologic involvement

B. Lyme Disease

1. *Borrelia burgdorferii*
2. deer tick vector
3. triphasic course:
 - a 1^o--Erythema chronicum migrans
 - b 2^o--Fever, arthritis
 - c 3^o--Late sequelae (cardiac, neurologic)