

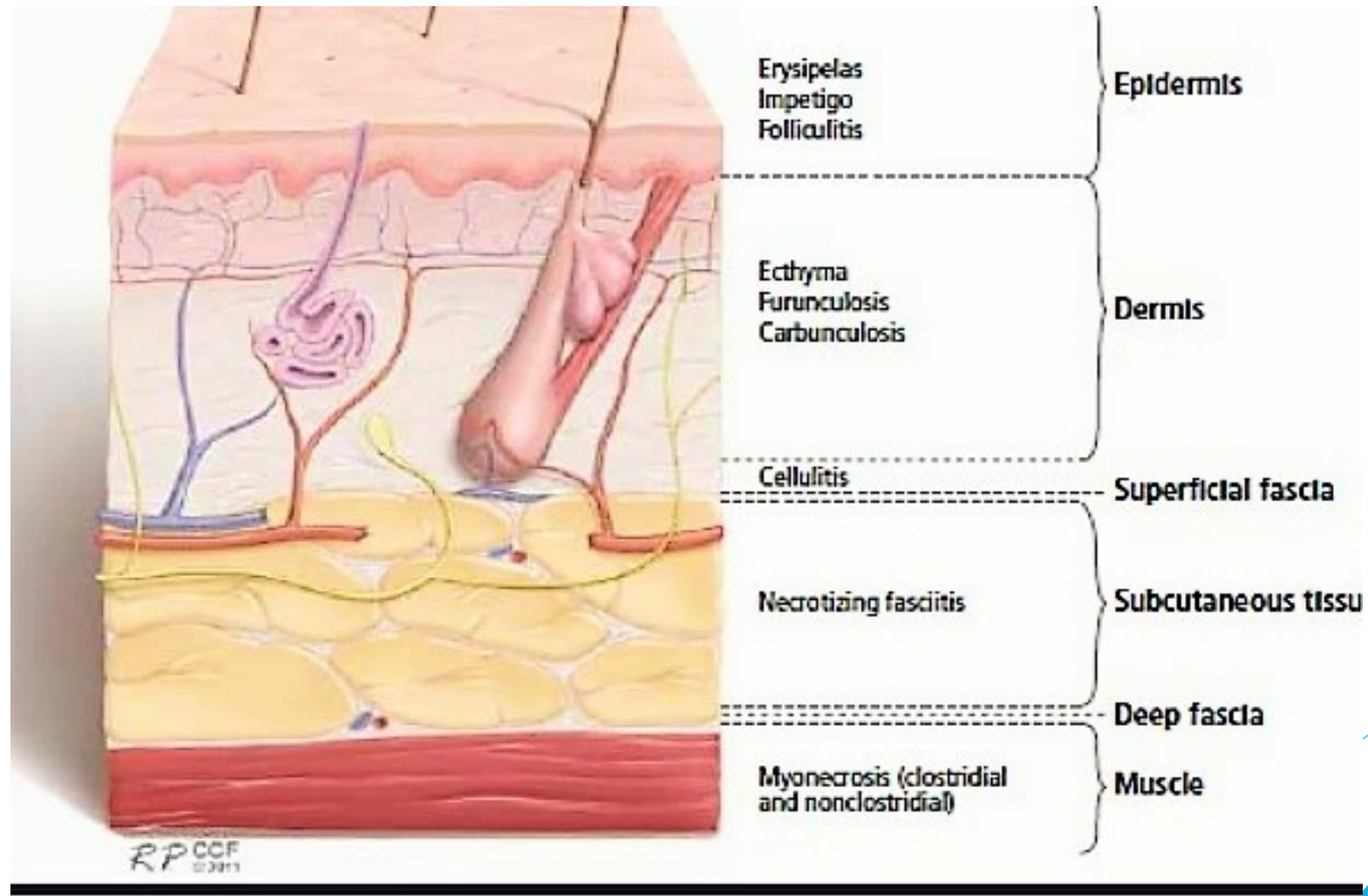
# Skin Infections

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# Skin Infections in Primary Care

- ▶ Impetigo
- ▶ PVL infections
- ▶ Infected eczema
- ▶ Cellulitis
- ▶ Scarlet fever
- ▶ Erysipelas
- ▶ Necrotising Fasciitis

# Classification of Infection



# Infections caused by *Staph. aureus*

- ▶ Folliculitis
- ▶ Boils
- ▶ Impetigo
- ▶ Infected eczema
- ▶ Ecthema
- ▶ PVL staph infection
- ▶ Scalded skin
- ▶ Staphylococcal toxic shock

# Impetigo

- ▶ Can occur secondary to break in skin or spontaneously
- ▶ Face / hands / skin folds
- ▶ Vesicular lesions - ooze -> golden brown crust
- ▶ Contagious
- ▶ Topical fucidic acid 2% tds for 5 days
- ▶ Large areas - oral Tx - flucloxacillin



# PVL (Panton- Valentine Leukocidin) Infection



- ▶ Some strains of *Staph. aureus* produce this toxin
- ▶ Furuncles / carbuncles
- ▶ Invasive ->Tissue necrosis
- ▶ Can cause deep recurrent abscesses
- ▶ Prolonged antibiotic course
  - ▶ Rifampicin + clindamycin - 4/52
  - ▶ Chlorhexidine washes
  - ▶ Mupiricin nasal ointment

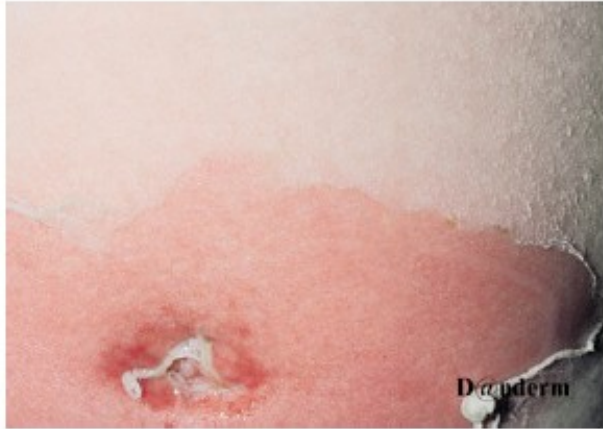
# Infected eczema

- ▶ Mostly St.aureus
- ▶ If widespread - oral flucloxacillin
- ▶ Emollients with antibacterial activity if recurrent



# Scalded Skin Syndrome

- ▶ Exotoxin release (coag +ve staph)
- ▶ Neonates / young children
- ▶ Red, blistered skin - looks like burn
- ▶ Tissue paper wrinkles, large blisters which burst -> raw skin
- ▶ Extremely painful - analgesia
- ▶ Intensive support to counteract fluid loss



Staphylococcal scalded skin syndrome



# Infections caused by Group A Strep.

- ▶ Cellulitis
- ▶ Scarlet fever
- ▶ Erysipelas
- ▶ Septicaemia
- ▶ Necrotising fasciitis

# Cellulitis

- ▶ Usually lower extremities
- ▶ Rapid onset - pain / tenderness
- ▶ May be systemically unwell
- ▶ Usually unilateral
- ▶ Demarcation, erythema
- ▶ Inflamed lymph nodes
- ▶ Blistering
- ▶ Usually GpA Strep - also Gp C or G or St. aureus
- ▶ Needs systemic IV treatment?
  - ▶ Temp ↑↓
  - ▶ Tachycardia
  - ▶ Hypotensive
- ▶ Flucloxacillin
  - ▶ Co-amoxiclav for facial - ?*H.influenzae*



# Erysipelas

- ▶ Commonly affects face or lower extremities - butterfly type rash on face
- ▶ Well defined with raised borders
- ▶ Pain
- ▶ Inflammation
- ▶ Fever
- ▶ Penicillin V or IV BZP if systemically unwell



Erysipelas



# Scarlet Fever

- ▶ Gp A Strep -> pyrogenic exotoxins
- ▶ Notifiable disease
- ▶ Widespread rash
  - ▶ Tiny spots
  - ▶ Blanches with pressure
- ▶ Usually childhood illness
- ▶ May occur after sore throat
- ▶ Can lead to septicaemia
- ▶ Contagious 1-4 day incubation
- ▶ Small risk of quinsy, otitis media, pneumonia, meningitis
- ▶ 10 day course Pen V



# Necrotising Fasciitis

- ▶ Gp A Strep but often polymicrobial
- ▶ Pain >> physical findings
- ▶ Unwell - > temp, heart rate
- ▶ Rapid progression
- ▶ Gas in tissues -> crackling
- ▶ Violaceous bullae with cutaneous haemorrhage and skin sloughing
- ▶ IV abx - V broad spectrum
  - ▶ BZP+Flucloxacillin+Clindamycin+Metronidazole +/- Gent
- ▶ Rapid surgical review



# Case Study



- ▶ Patient presents to pharmacy with rash opposite
- ▶ What is your response?

# Questions?

- ▶ When did rash appear?
- ▶ Is the rash anywhere else?
- ▶ Are they well in themselves? No temperature, chills, fevers, joint pains, aches etc
- ▶ Is it itchy or sore?

# Further information

- ▶ Rash developed yesterday and seems bigger today. It is slightly itchy.
- ▶ Patient feels slightly feverish and has sore joints
- ▶ What further questions may you want to ask?

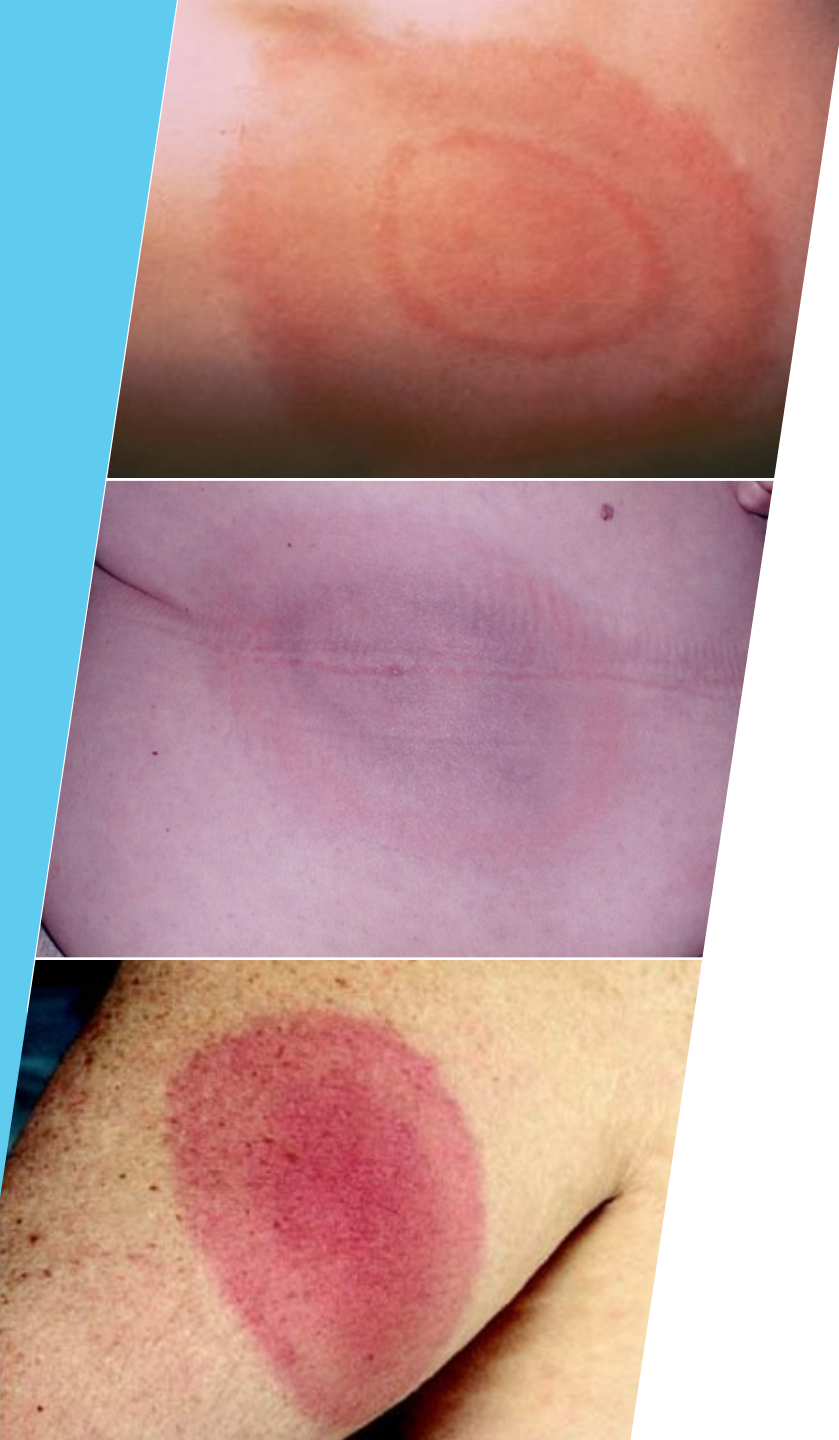


# Further information

- ▶ Patient was up in Trossachs at weekend with her dog walking in the woodland. It was idyllic - there were lambs in the fields and deer running wild

# Erythema migrans

- ▶ Round or oval in shape
- ▶ Pink, red or purple
- ▶ Often has clearing at centre - bullseye
- ▶ Appears 3-10days after tick bite - usually at site of bite
- ▶ Usually larger than 5cm but can be very large
- ▶ May be slightly tender or itchy



A close-up photograph of a brown tick embedded in human skin. The tick's body is dark brown and oval-shaped, with its legs extending outwards. The skin around the tick is slightly reddened.

# Lyme disease

- ▶ *Borrelia burgdorferi*
- ▶ Tick borne disease
- ▶ Up to 90% will present with erythema migrans
- ▶ Can have significant complications = cardiac, neurological, joint (arthritis)
- ▶ Treat with Doxycycline 100mg bd for 10-21 days (depending on severity) -
- ▶ 3-4/52 if facial palsy or other complications

Questions?