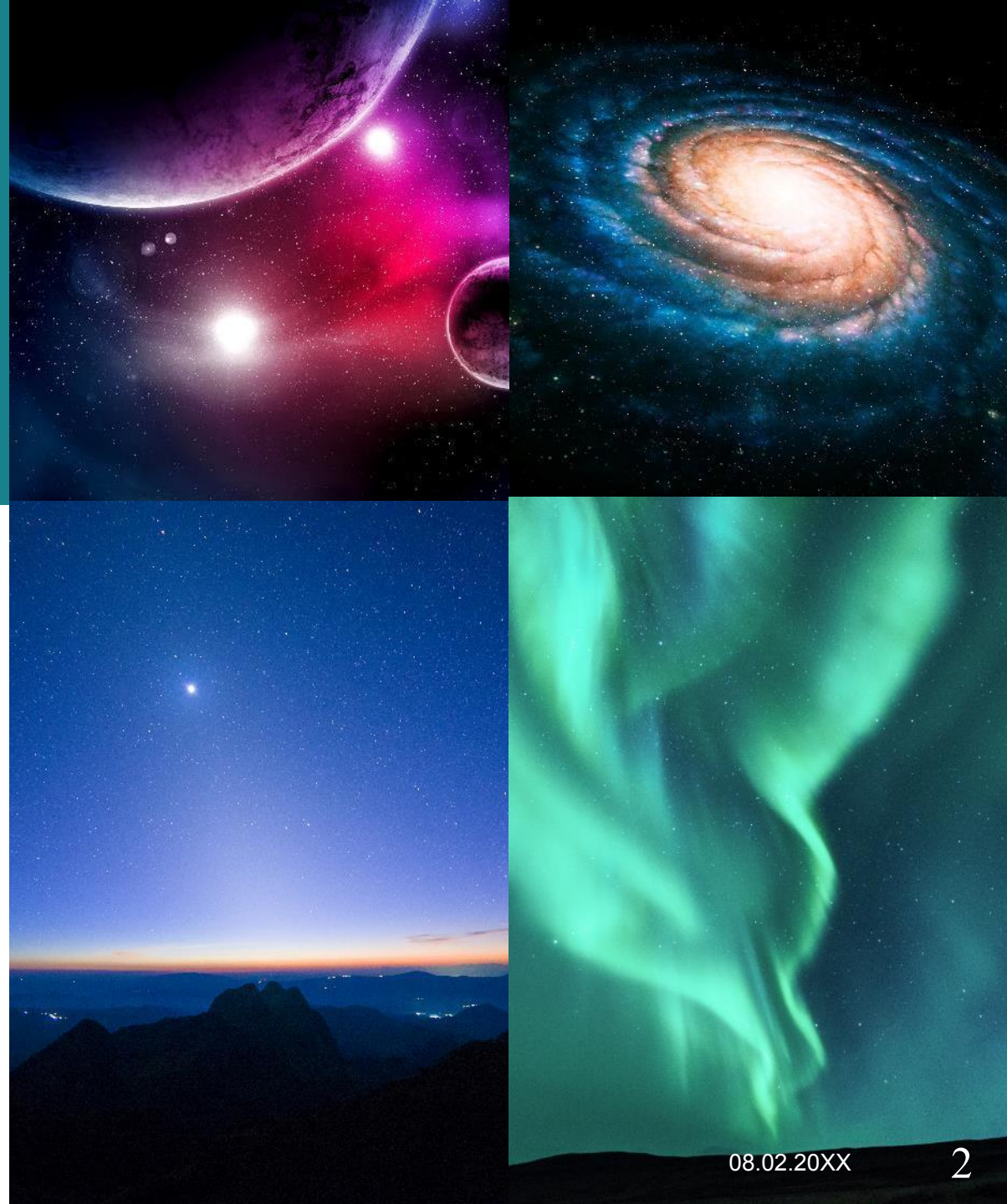
Skin and soft tissue infections

Shingles, Molluscum Contagiousum, Staphylococcal skin syndrome, scabies, lice infection, erythrasma

Повестка



Раздел 1

Раздел 2

Раздел 3

Раздел 4

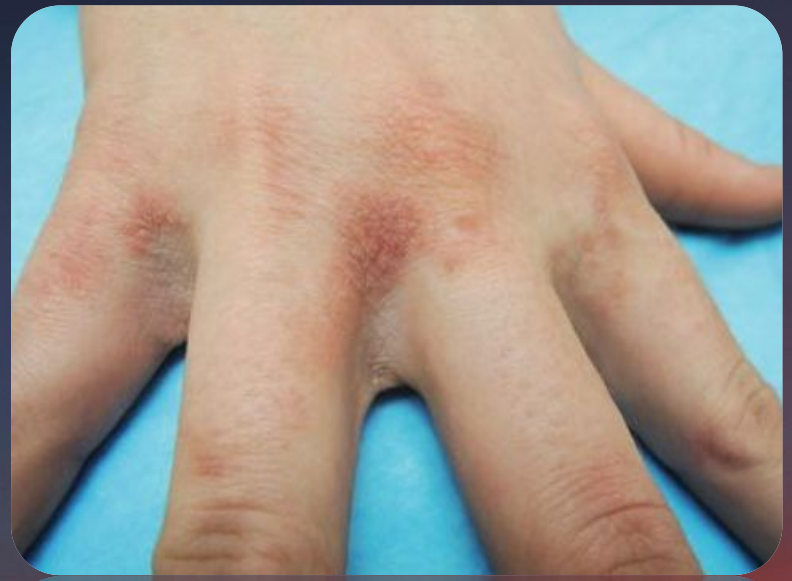
Раздел 5

Образец текста нижнего колон

Введение

В PowerPoint можно создавать презентации и делиться своими материалами с другими, где бы они ни находились. Введите здесь нужный текст, чтобы начать работу. В этом шаблоне вы также можете добавлять рисунки, изображения и видеоролики. Сохраняйте презентации в OneDrive и открывайте их с компьютера, планшета или телефона.

Scabies

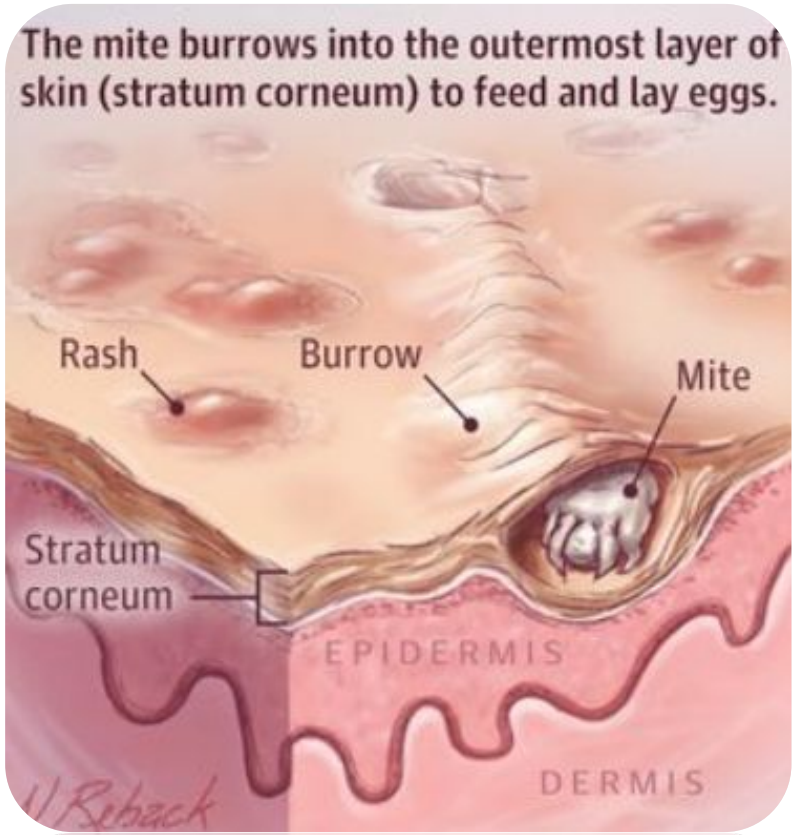


Mites Sarcoptes scabiei

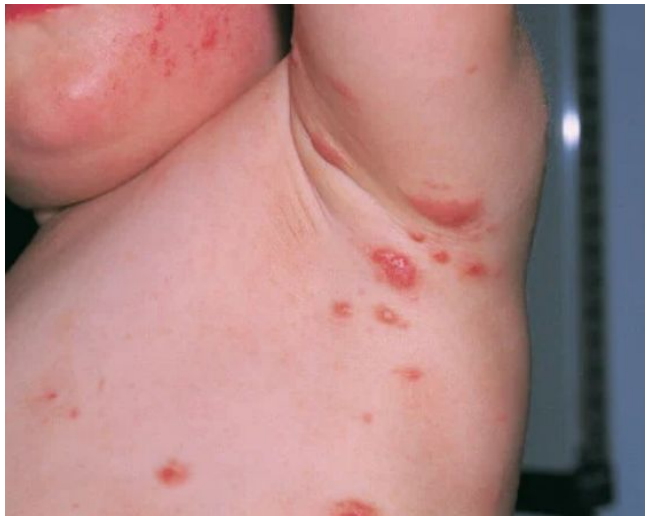
Scabies

- Transmission
  crowding, skin to skin contact and fomites

- The female mite burrows just beneath the skin
- in order to lay her eggs. She then dies. The eggs hatch into tiny mites that
- spread out over the skin and live for only about 30 days.



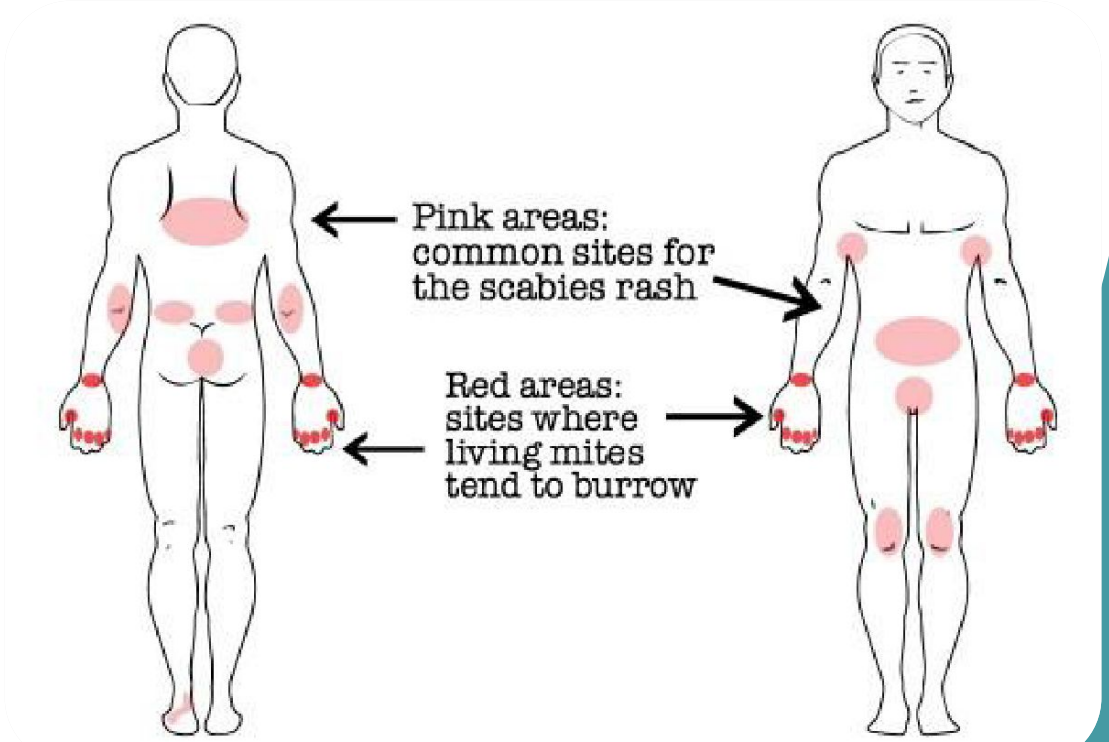
Scabies



CLASSIC SCABIES

- Small erythematous papules
- “Knots on a rope”
- Pruritic
- Severe and worse at night

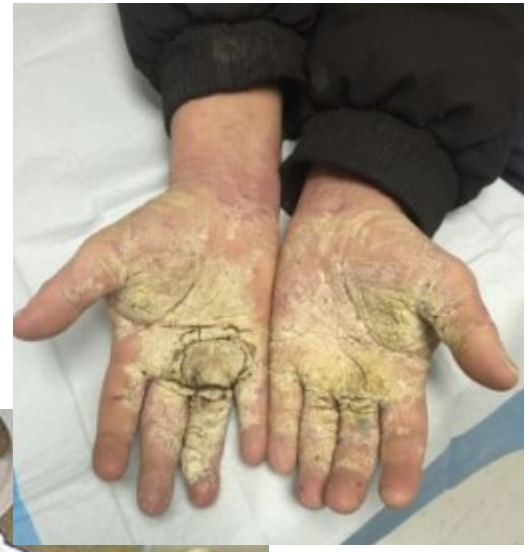
- Fingers web spaces, flexor surfaces of wrist, elbow, axillary folds, beltline, lower buttocks, genitalia

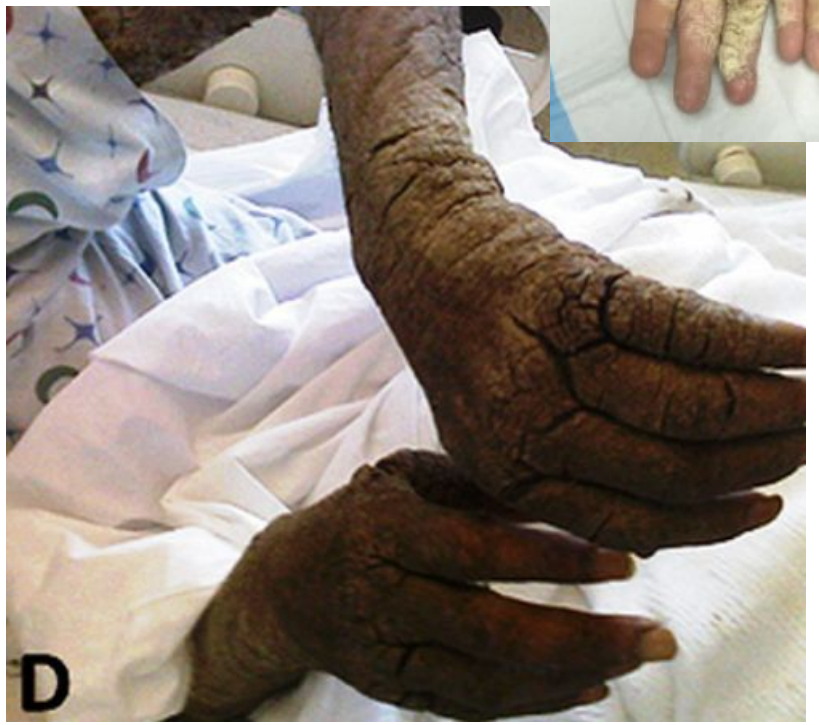


Scabies

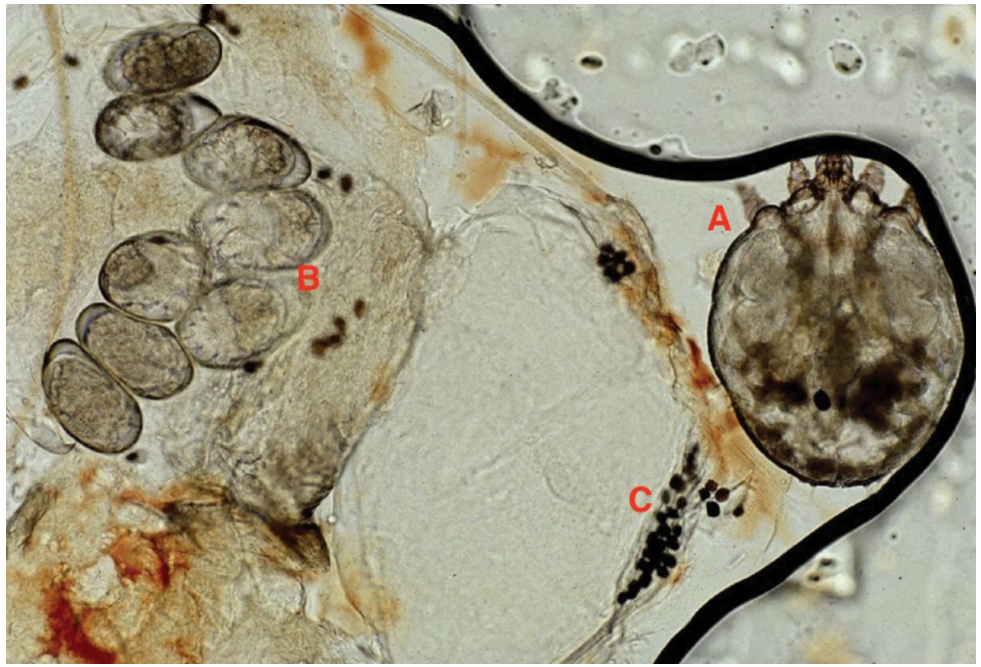
CRUSTED SCABIES

- Norwegian scabies
- Crusting, scaling fissuring affecting an older, immunosuppressed adult
- Higher mite burden
- Transmission via fomites
- Hands, feet, scalp





Scabies

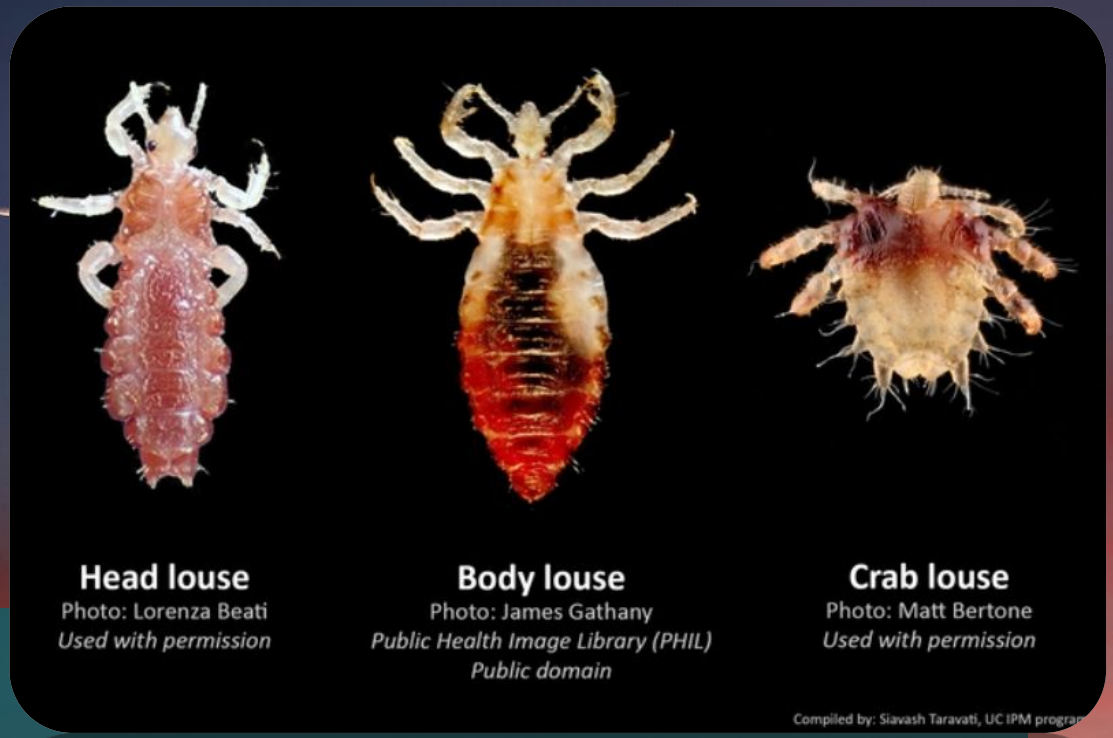


- Diagnosis
- Clx – history and appearance of the rash
- Microscopy

- Treatment
- Permethrim
- Lindane
- Ivermectim

Head Lice
Body Lice
Pubic Lice

Pediculosis

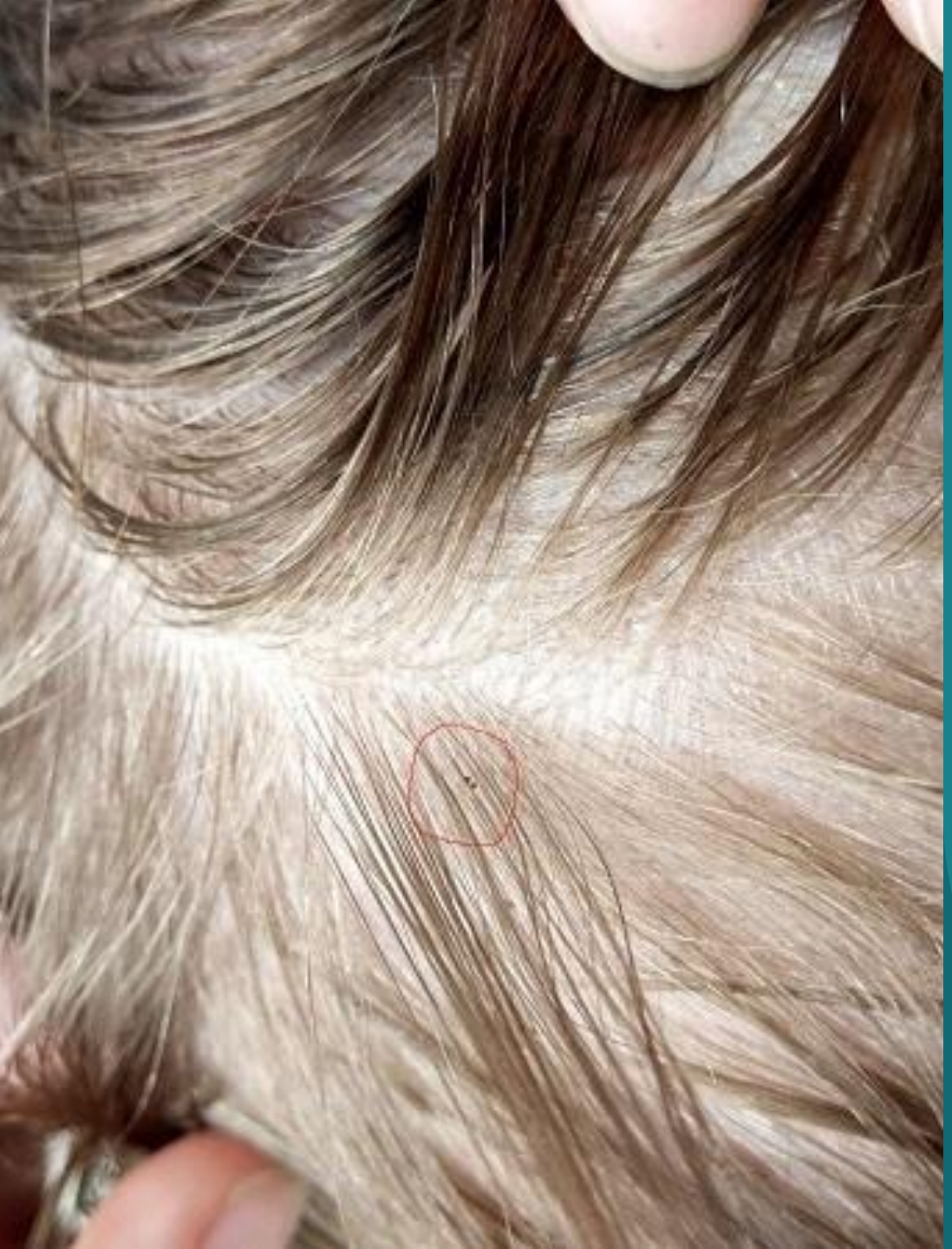


Pediculosis humanus capitis

Pediculosis humanus corporis

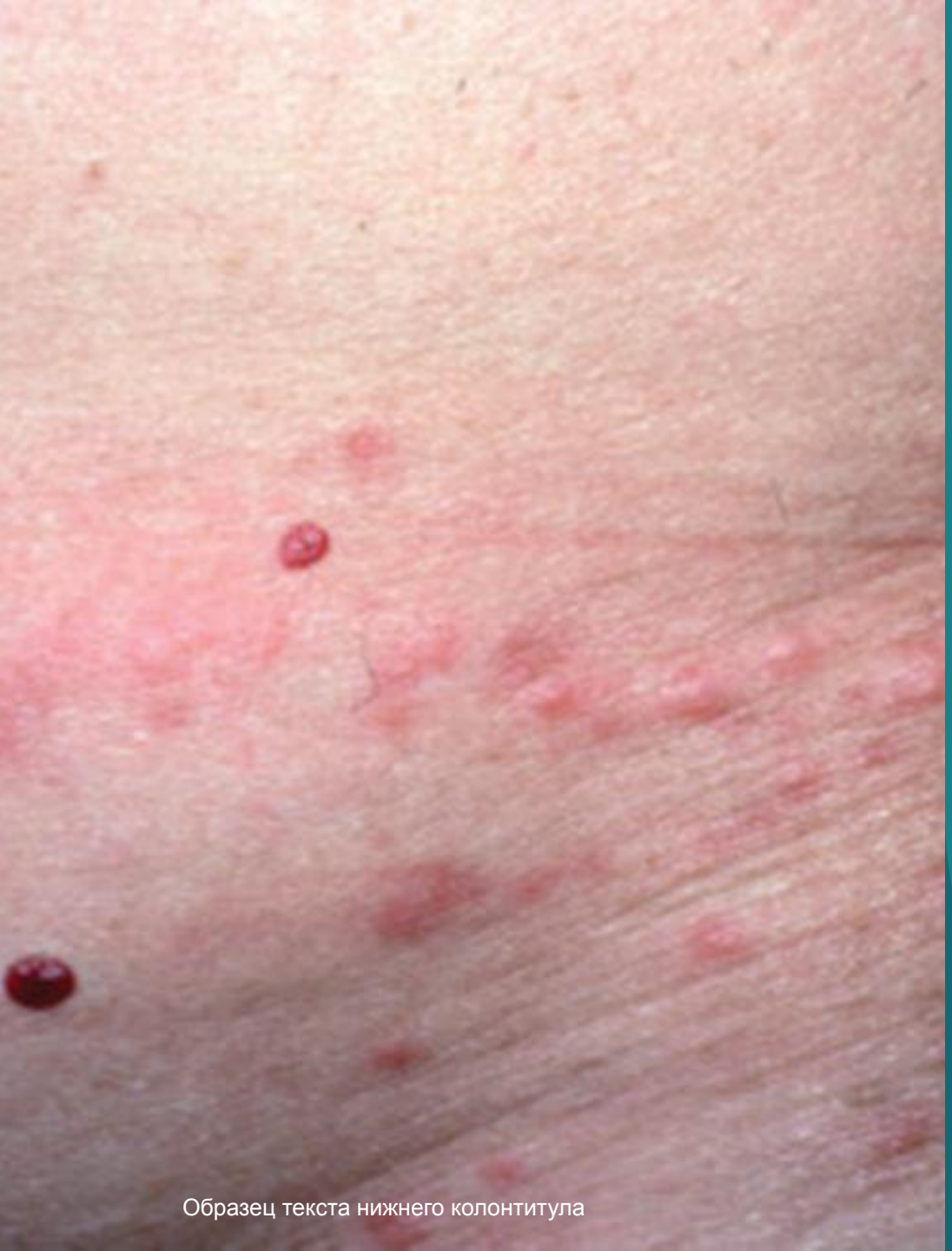
Pediculosis pubis

Pediculosis ciliaris



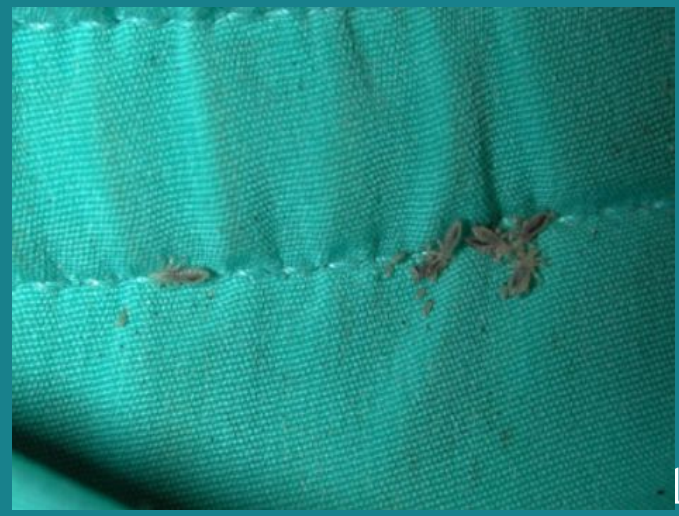
Head Lice

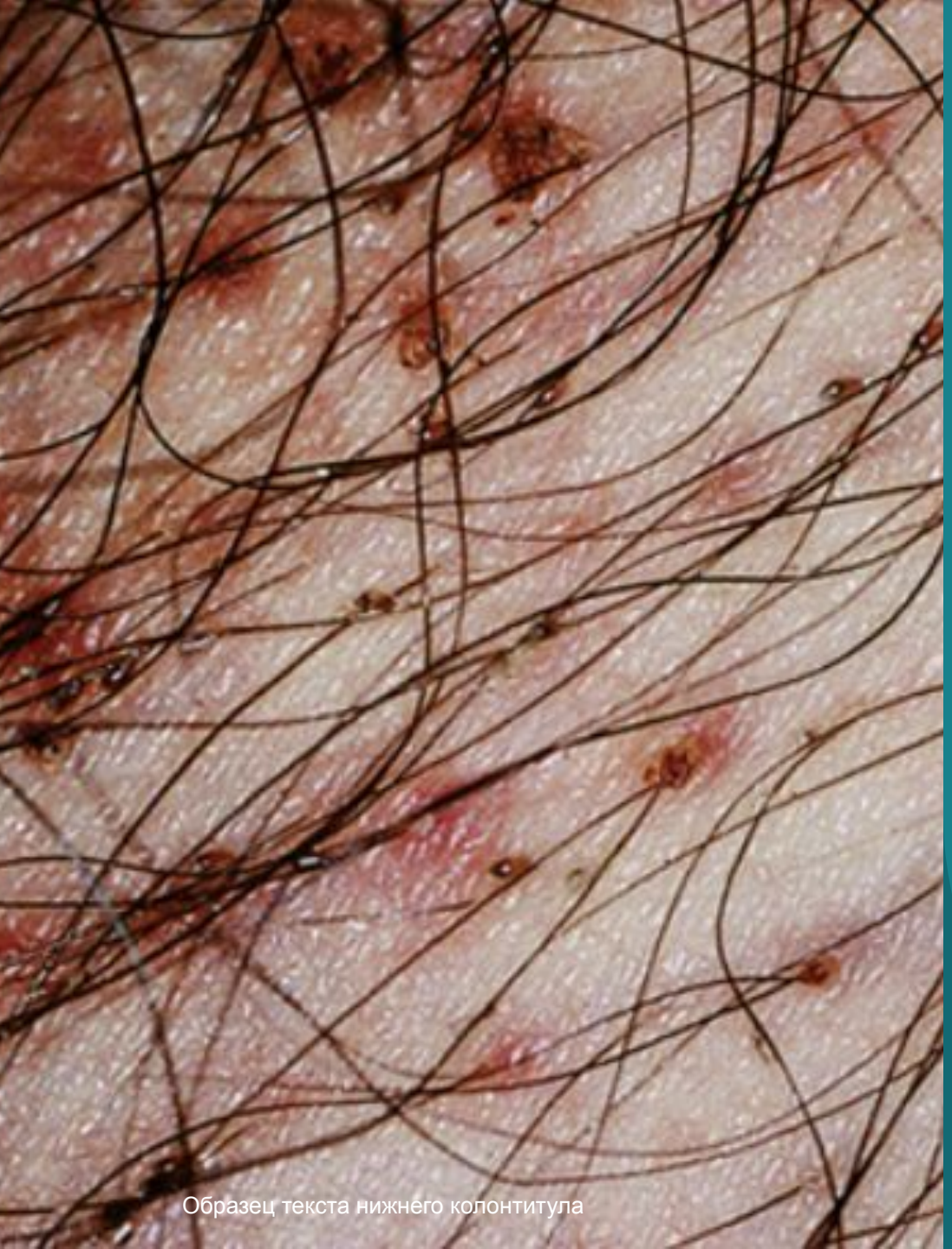
- Children, femals, Europian
- Direct contact or fomites
- Nits firmly “cemented” to human hair
- White spots of nits can be mistaken for dandruff
- Unlike dandruff, the nits cannot be brushed off



Body Lice

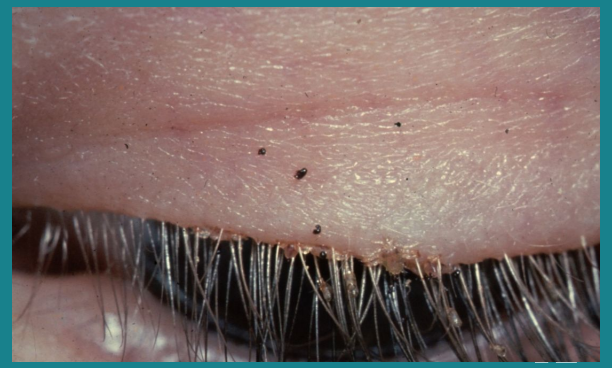
- Poverty, poor hygiene, crowding
- Direct contact and clothing
- Lays eggs in seams of clothing
- Can live up to 3 days without feeding on host





Pubic Lice

- Sexual active, young adults and adolescents
- Sexual transmitted and fomites
- Contact with eyes can lead to Pediculosis ciliaris
- Generally smaller in size than the other types



Lice

Symptoms

- Itchy
- Excoriation
- Hyperpigmentation
- Lymphadenopathy

Bacteria transmitted by the body louse

- Rickettsia prowazekii
- Borrelia recurents
- Borrelia quintana

Lice

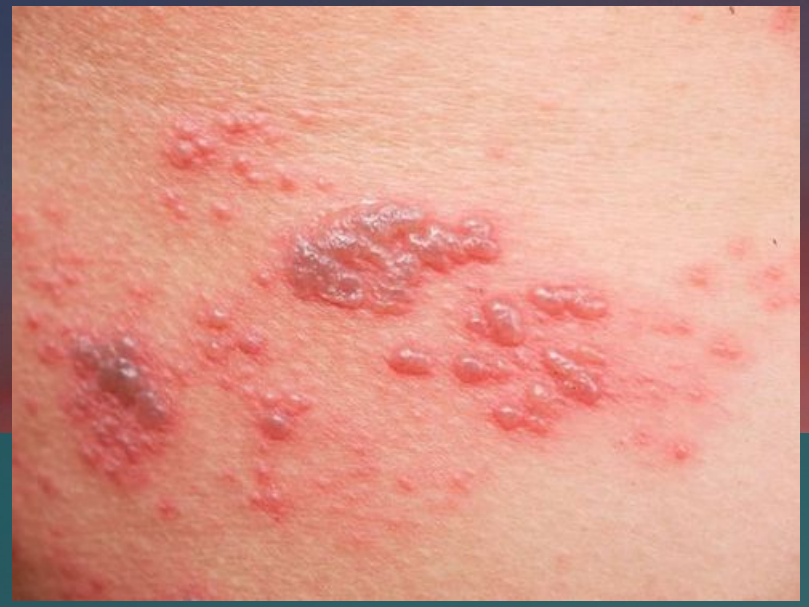
Diagnosis

- Head lice or nits are usually on the scalp and nape of the neck and over the ears. Adult lice are approximately the same size as a sesame seed.
- Body lice are more difficult to find, but they usually can be detected in the seams of underwear.
- Pubic lice are found on the skin and hair of the pubic area or on the eyelashes

Treatment

- Inspection and remove
- Permethim
- Refractory treatment: oral Ivermectin

Herpes zoster
Shingles

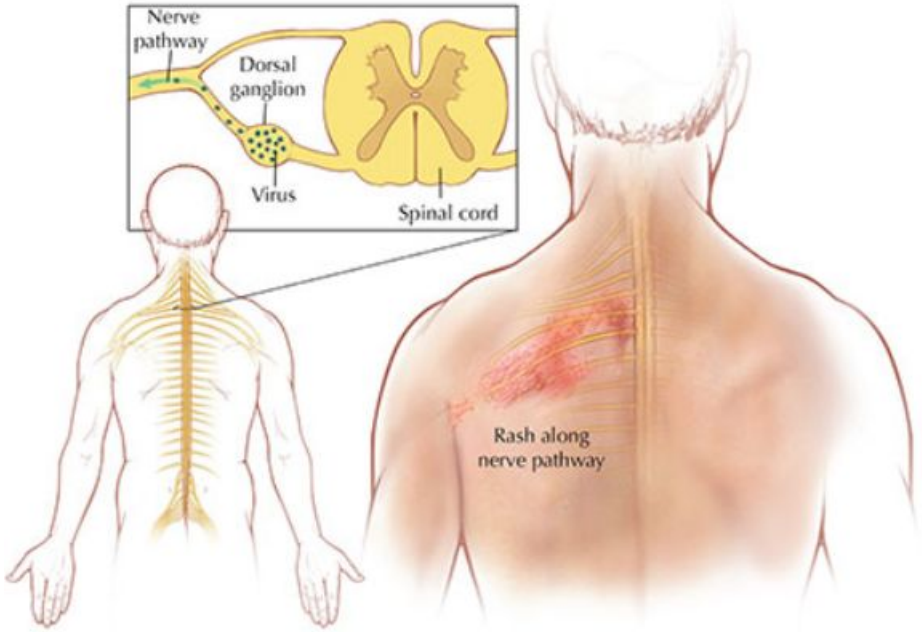


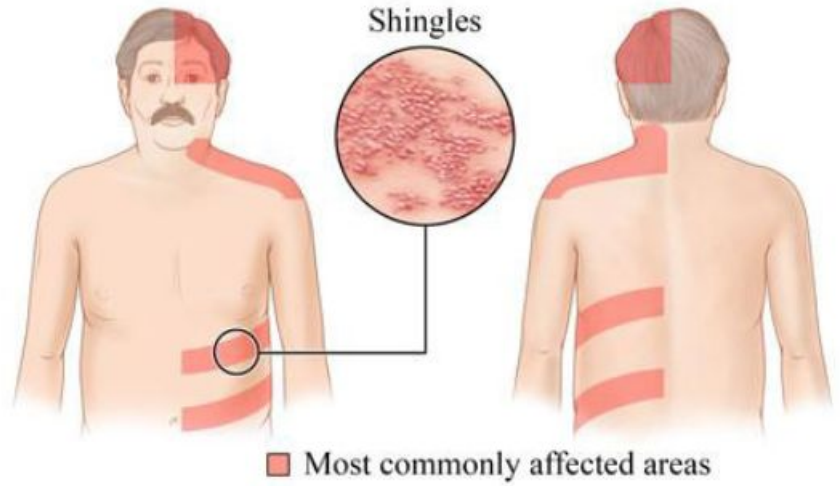
Varicella zoster virus

Shingles

- Due to reactivation of the VZV from dorsal root ganglion nerves

- *the condition is preceded by several days of radicular pain with hyperaesthesia*
- *unilateral patchy rash in one or two contiguous dermatomes*
- *intense erythema with papules in affected skin*
- *later crusting and separation of scabs after 10–14 days, often with depigmentation*
- *regional lymphadenopathy*





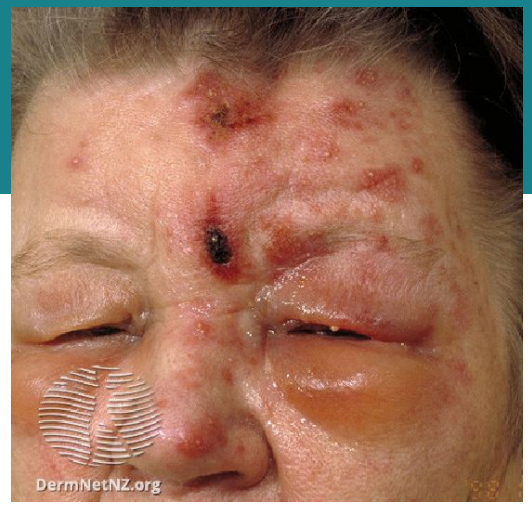
Shingles

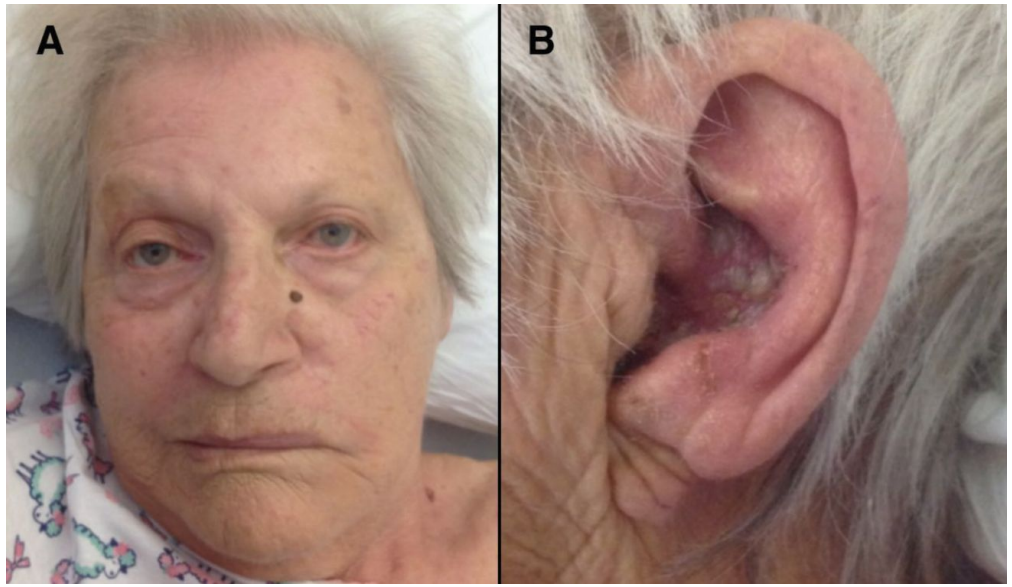
Herpes Zoster oticus the trigeminal nerve

- Ramsay Hunt Syndrome
  - Ipsilateral facial paralysis
  - Ear pain
  - Vesicles in the auditory canal and auricle

Herpes Zoster ophthalmicus the facial nerve

- Conjuctivitis, scleritis, episcleritis, keratitis, glaucoma, retinitis
- Argyll-Robertson pupils





Shingles

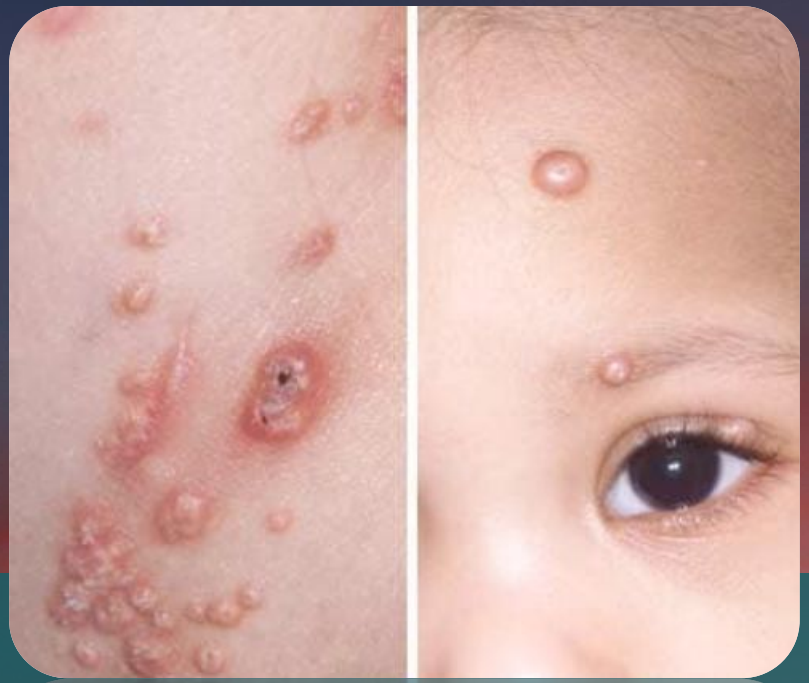
Diagnostic

- RCR for detection of viral DNA
- Direct fluorescent antibody
- Tzanck swear

Treatment

- <72 hrs – valacyclovir, acyclovir
- Post-herpetic neuralgia
  - Amitriptyline, pregabalin, gabapentin

Molluscum contagiosum



Molluscum contagiosum virus

Poxvirus

Molluscum contagiosum

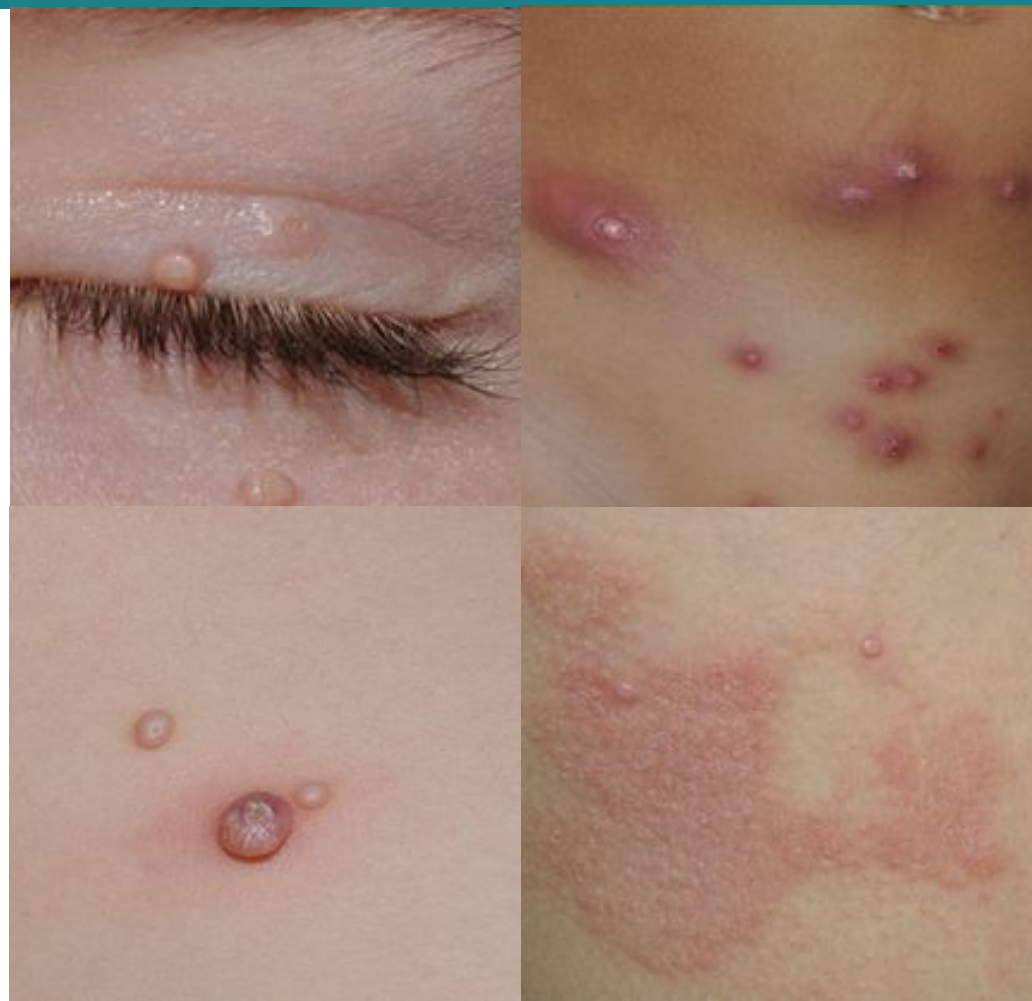
- Children and sexually active adults
- Painless
- Incubation period
  - between 2-6 weeks
- Persist for months
- In any part of the body except palms and soles
- Sometimes pruritic

Transmission

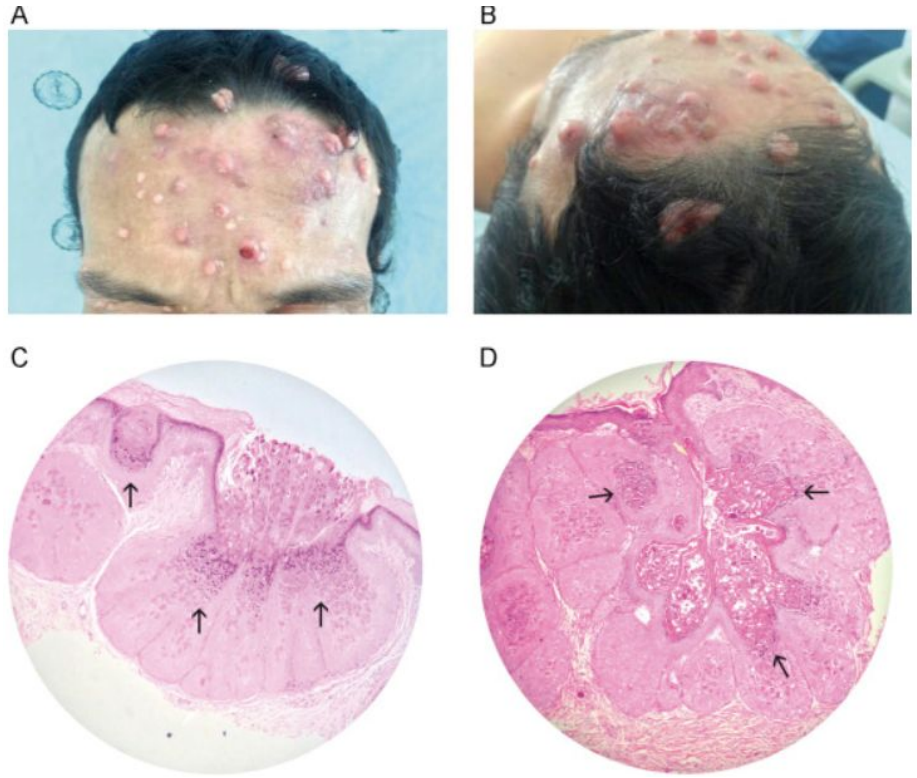
- Direct skin-to-skin contact
- Autoinoculation
  - “kissing lesions”
- Fomites
  - sharing towels and bath toys
- Through water
  - Swimming pool

Molluscum contagiosum

- Dome-shaped papules with umbilication
- 2-3mm in diameter
- Pink-white to flash colored
- Single or multiple (more common)
- Hemispherical up to 5 mm



Molluscum contagiosum



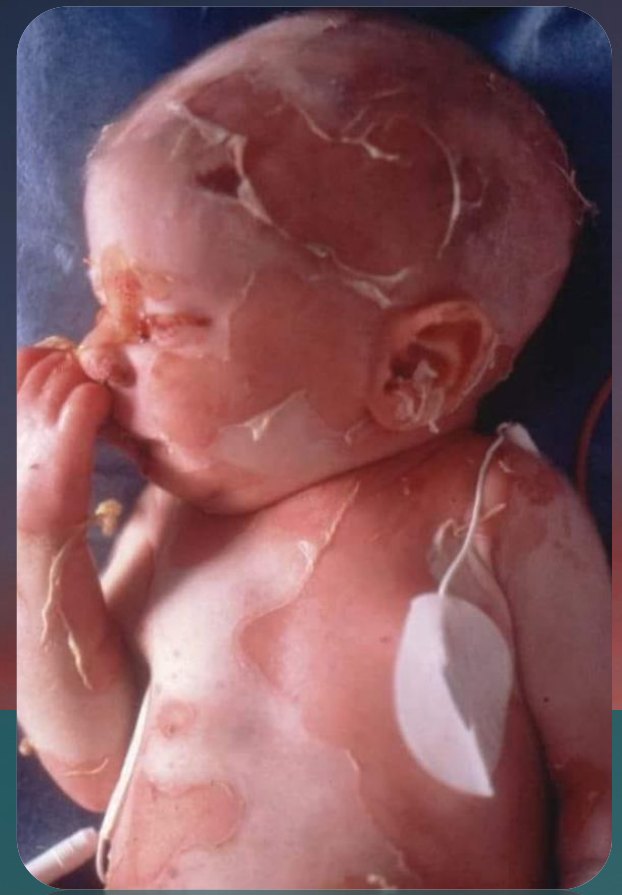
Diagnosis

- Clinical
- Histology
  - Henderson – Peterson bodies

Treatment

- Self-limiting
- Cryotherapy, Cantharidin, Curretage, Imiguimod, Topical retinoids

Staphylococcal scalded skin syndrome

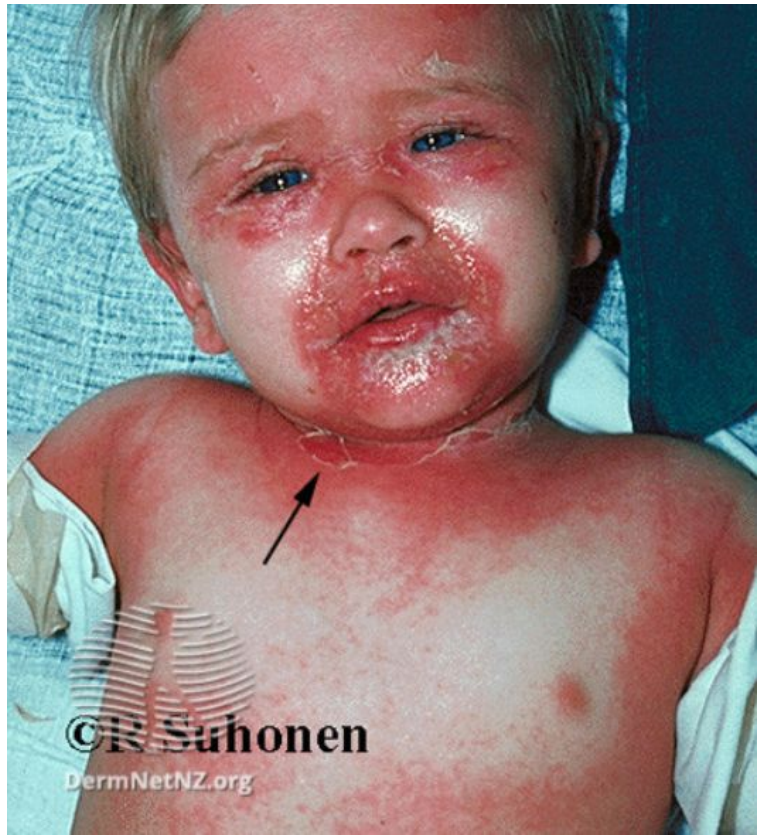


Staphylococcus aureus

SSSS

- is a bacterial toxin-mediated skin disorder that primarily affects young children
- generally from bullous Impetigo
- occurs when exotoxins produced by Staphylococcus aureus undergo hematogenous dissemination to the skin

- diffuse skin pain and erythema as well as superficial blistering and desquamation
- fever, irritability, and poor oral intake.
- The desquamation phase lasts 2 to 4 days and is followed by complete healing, without scarring



Diagnosis

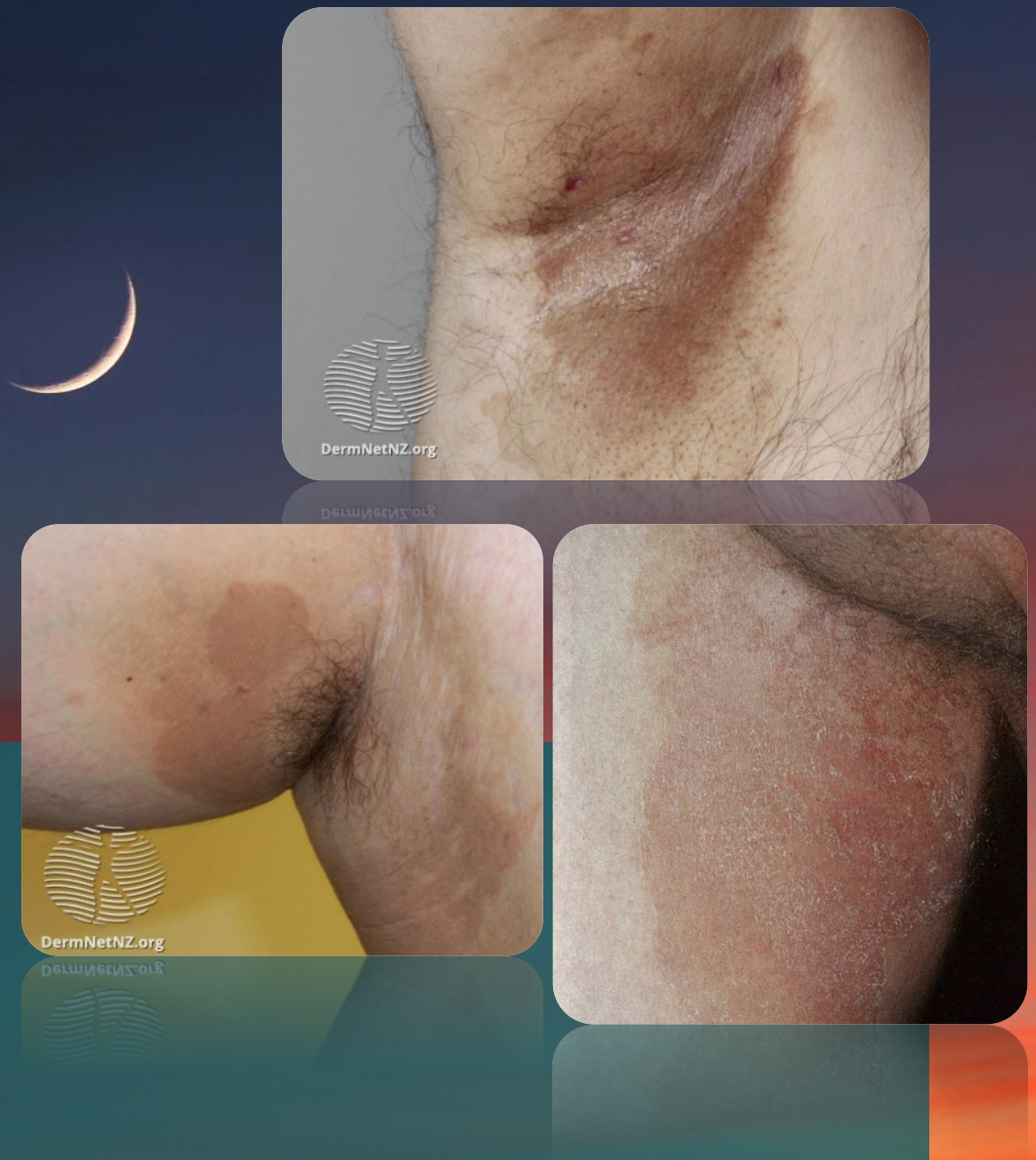
- Clx
- Skin examination
  - Flaccid bullae, superficial desquamation, and shallow erosions
  - Absent mucous membrane involvement
  - Evidence of concurrent cutaneous, conjunctival, or internal staphylococcal infection
  - Positive Nikolsky sign

Treatment

- Intravenous antimicrobials
  - oxacillin or nafcillin.
- Isolation in an incubator
- Nontraumatic skin care
  - emollients (sterile petrolatum, paraffin oil);
- the shedding epidermis must be conserved as a “biologic dressing”

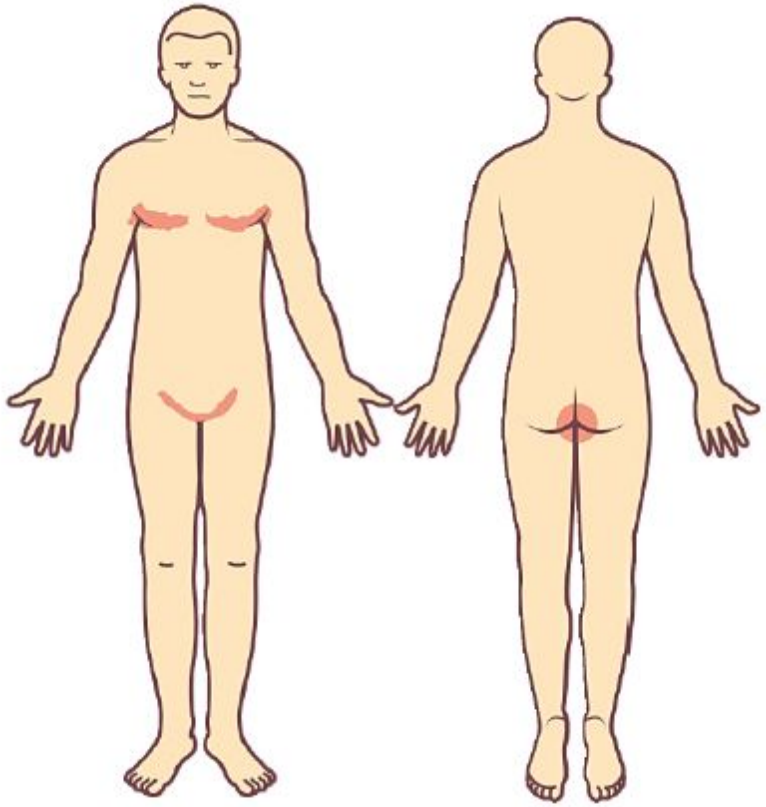
Erythrasma

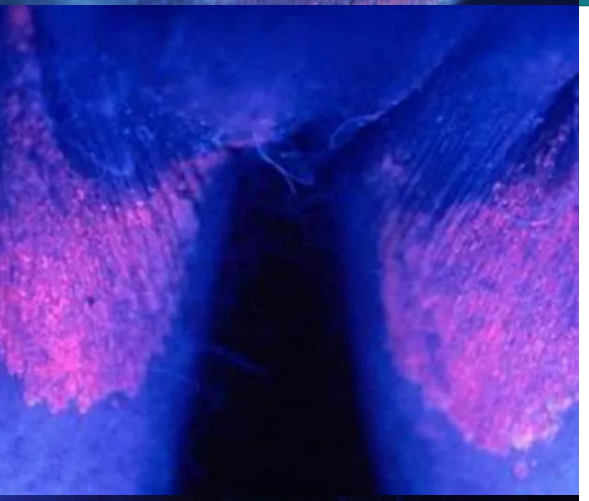
Corynebacterium minutissimum



Erythrasma

- chronic superficial skin infection
- Superficial reddish-brown scaly patches
- Enlarges peripherally
- Mild infection but tends to chronicity if untreated
- Coral pink fluorescence with Wood's light
- Common sites: groin (especially men), axillae, submammary, toe webs





Erythrasma

Diagnosis

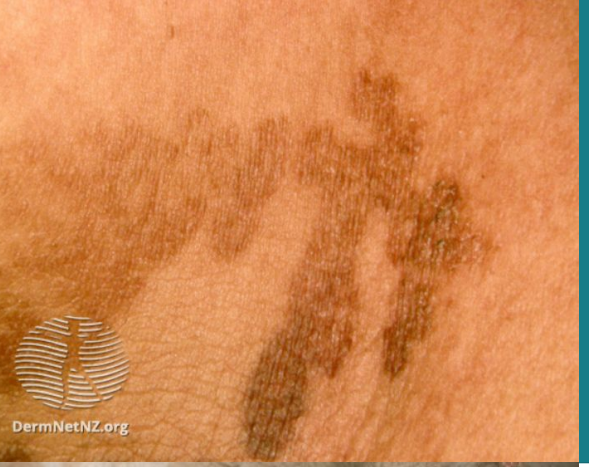
- Appearance
- Fluoresces coral red with Wood’s lamp
- KOH exam for dermatophyte (that can co-exist)
- Gram stain: g+ filaments and rods

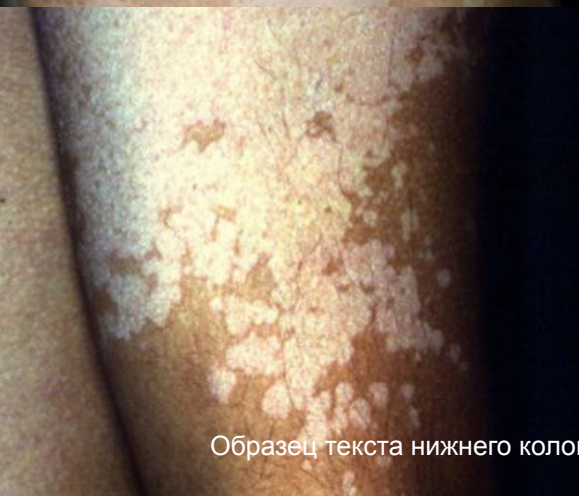
Erythrasma

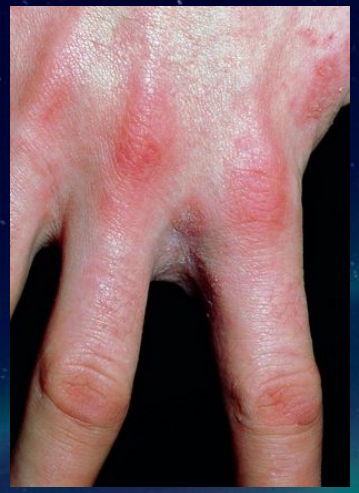
Treatment

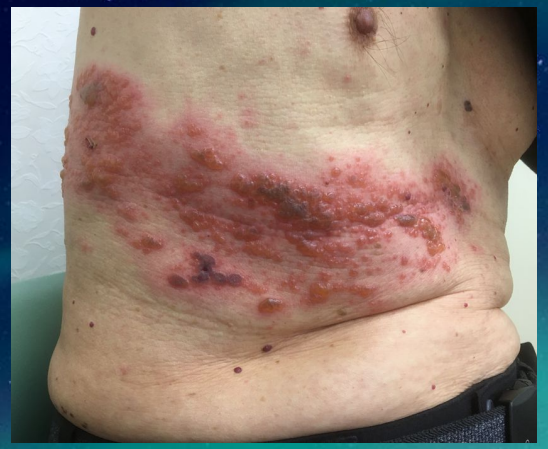
- Topical imidazole e.g. miconazole or erythromycin 2% gel
- Oral roxithromycin or erythromycin
- Loose fitting clothing and antibacterial wash may prevent recurrence

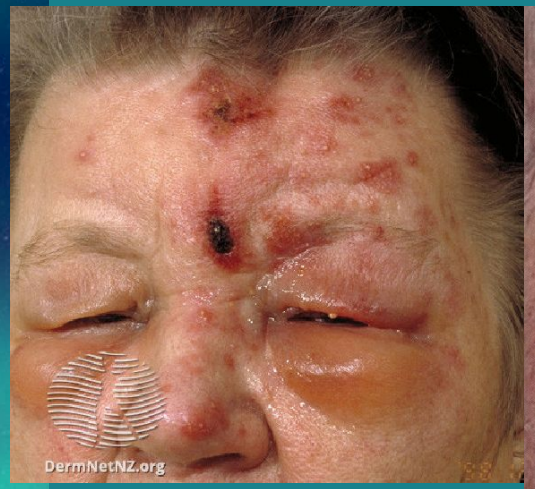
Tinea versicolor

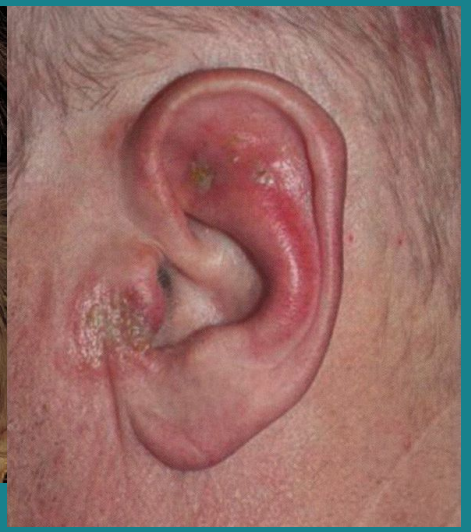


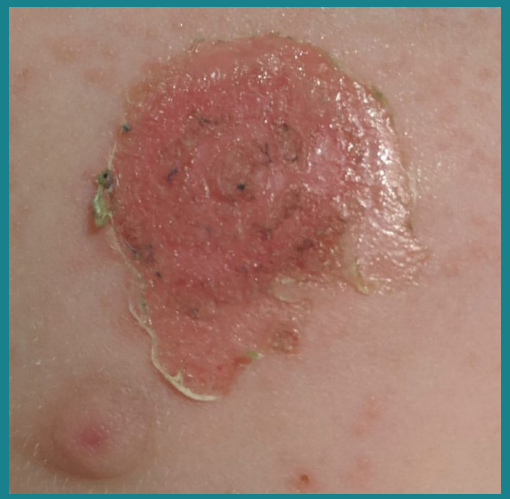


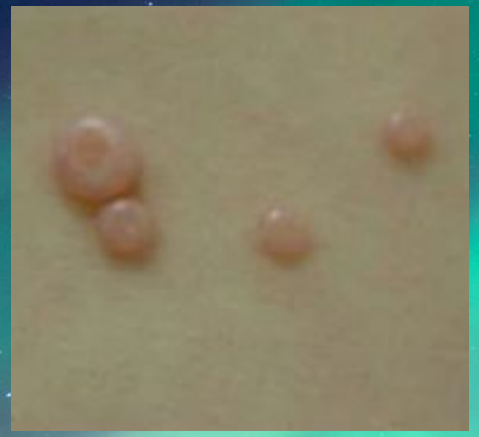


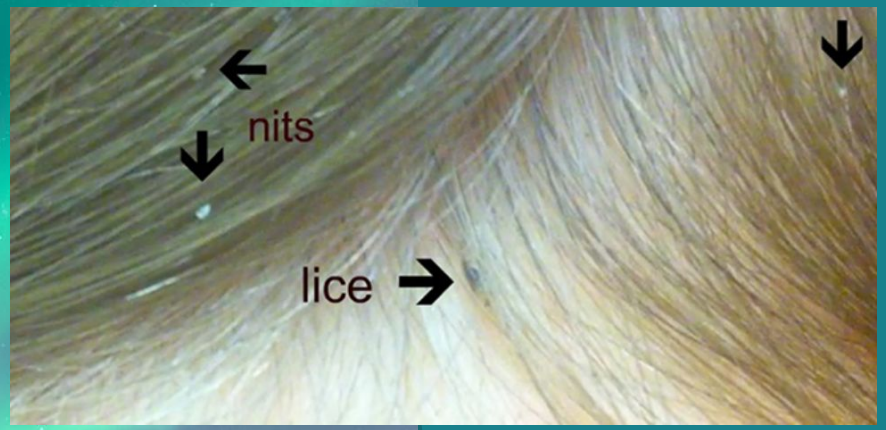



DermNetNZ.org





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