

Impetigo

Background:

- Bacterial infection of the skin, most common in children
- Very common in children with eczema, scabies, or insect bites
- Very contagious by direct contact
- Usually Staphylococcus or Streptococcus bacteria – Staphylococcus can secrete a toxin which leads to cleavage of skin and blistering. Streptococcus increases risk of glomerulonephritis.

Clinical Features:

- Erythematous plaques with honey colored crust
- May form blisters or pustules

Treatment: Swab for verification if severe or diagnosis uncertain

- Topical antibiotic ointments
 - Fucidic acid or mupirocin 3 times daily for 7-10 days.
- Oral antibiotics – 7-14 days
 - Cephalexin 30-50mg/kg/day divided TID-QID,
 - Clindamycin 10-25 mg/kg/day divided TID,
 - Doxycycline 50-100mg/dose BID for children >8yrs
- Dilute Bleach Baths (¼ cup for ¼ tub of water) and BID intranasal mupirocin can be helpful as adjuvant therapy in case of recurrent infections.

More information:

<http://www.healthlinkbc.ca/healthfiles/hfile81.stm>



Impetigo in the armpit, before and 2 weeks after treatment



Large plaque of impetigo with pus and crusting



Bullous (blistering) impetigo