FACULTY DISCLOSURE

- I have the following financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this CME activity. Spouse owns Eli Lilly &Co stocks. I do intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

PRACTICE CHANGE

- GAP-Cutaneous infections and infestations are not always diagnosed appropriately, this leads to a delay in work-up and treatment
- PRACTICE CHANGE-as a result of attending this lecture, attendees will promptly recognize the orders discussed
IMPETIGO

CLINICAL FINDINGS

• Bullous vs. Nonbullous
• "Honey-colored" crust
• Erythematous base
• Exposed areas affected especially, often face and extremities

IMPETIGO

DIAGNOSIS

• Clinical findings
• Culture

IMPETIGO

THERAPY

• Compresses
• Topical antibiotics
  Mupirocin 2%
  Retapamulin 1%
• Oral antibiotics
• Consideration of suspected organisms
IMPETIGO-References


IMPETIGO-References


HERPES SIMPLEX ETIOLOGY

• Herpes simplex type 1
• Herpes simplex type 2
HERPES SIMPLEX

CLINICAL FINDINGS

- Direct inoculation of any cutaneous surface
- Prodrome of itching, stinging, or burning
- Grouped vesicles with an erythematous surround
- May become vesiculopustular lesions

DIAGNOSIS

- Tzanck smear
- Fluorescent antibody
- Culture

THERAPY

- Analgesics
- Prevent secondary bacterial infection
- Topical docosanol 10% cream 5X’s/day
- Topical penciclovir 1% cream 5X’s/day
- Oral anti-virals-episodic or suppressive therapy
References


Reference


CONGENITAL SYPHILIS

- Transplacental mode of transmission
- With early untreated syphilis, 40% of pregnancies result in spontaneous abortion, stillbirth, or perinatal death
- Transmission can occur at any stage
- Rate if transmission 60-100% during secondary syphilis
CONGENITAL SYPHILIS

• Desquamation
• Vesicobullous lesions
• Condylomata lata
• Maculopapular or papulosquamous eruptions
• Rhagades

CONGENITAL SYPHILIS

• Treatment for proven or highly probable disease
  - Aqueous crystalline penicillin G, 100,000-150,000U/kg/day, administered as 50,000U/kg/dose IV,q12h during first 7 days of life then every 8 hours for a total of 10 days
  - OR - Penicillin G procaine 50,000U/kg/day IM(1dose/day) for 10 days

References

• Redbook 2015
TINEA CAPITIS
ETIOLOGY

• Trichophyton tonsurans
• Microsporum canis
• Microsporum audouini
• Trichophyton violaceum

TINEA CAPITIS
CLINICAL FINDINGS

• Patchy alopecia with scale
• Diffuse scale
• Crusting or pustules
• Occipital lymphadenopathy
• Kerion may develop

TINEA CAPITIS
DIAGNOSIS

• Clinical findings
• Potassium hydroxide examination
• Wood’s light examination
• Fungal culture
ANTIMYCOTIC AGENTS

ACTIONS

• Griseofulvin – decreases microtubule fcn
• Fluconazole – decreases sterol 14-alpha demethylation
• Itraconazole – decreases fungal sterol synthesis
• Terbinafine – decreases squalene epoxidase, increases squalene

GRISEOFULVIN

• >40 years experience
• 15-20 mg/kg/day (microsized) for tinea capitis
• 6-8 week course for tinea capitis
• Good safety profile
• Available in liquid formulation 125mg/5ml
• Administer with fatty foods
• Efficacy low for onychomycosis

GRISEOFULVIN – SIDE EFFECTS

• Headache
• Gastrointestinal disturbances
• Urticaria
• “ID” reaction
FLUCONAZOLE

- Available since 1990’s
- Imidazole
- 6 mg/kg/day for tinea capitis
- 20 day course for tinea capitis
- Liquid formulation 40mg/ml

FLUCONAZOLE – SIDE EFFECTS

- Gastrointestinal disturbances

ITRACONAZOLE

- Available since late 1980’s
- Imidazole
- 3-5 mg/kg/day for tinea capitis
- 4-6 week course for tinea capitis
- Liquid formulation available – 10mg/ml
- Capsule should be administered with food
ITRACONAZOLE – SIDE EFFECTS
• Gastrointestinal disturbances
• Cyclodextrin can cause diarrhea
• Hepatotoxicity
• Headache

TERBINAFINE
• Developed in 1979
• Allyamine
• 62.5 mg/day (10-20kg); 125 mg/day (20-40kg); 250 (>40kg) for tinea capitis
• 2-4 weeks for tinea capitis
• No liquid formulation available (granules)
• Tinea capitis due to Microsporum canis responds slowly

TERBINAFINE – SIDE EFFECTS
• Gastrointestinal disturbances
• Taste loss (1.1-2.8%)
TINEA CAPITIS –
ADJUNCTIVE THERAPY

- Selenium sulfide shampoo 1%, 2.5%
- Ketoconazole shampoo 1%, 2%
- Antibiotics
- Corticosteroids

References


References

PERLECHE
ETIOLOGY

- *Candida albicans*
- Other Candida species

PERLECHE
CLINICAL FINDINGS

- Erythema
- Maceration
- Fissures

PERLECHE
DIAGNOSIS

- Potassium hydroxide examination
- Gram stain
- Culture
## PERLECHE THERAPY

- Avoid excessive moisture
- Topical anti-fungal: ketoconazole cream 2% bid
- Topical antibacterial: mupirocin 2% bid, retapamulin 1% bid
- Topical corticosteroid: Hydrocortisone ointment 1%

## SCABIES CLINICAL FINDINGS

- Pruritus, especially at night
- Eczematous patches and papules
- Finger web spaces, axillae, wrists, belt-line, and groin area
- Characteristic burrows
- Vesicular and nodular lesions in infants
- Crusted scabies in immunosuppressed patients

## SCABIES THERAPY

- Cover hands with socks or mittens
- Apply under the nails
- Apply to affected areas of the scalp in infants
- Clean car seat
- Oral antipruritics
SCABIES THERAPY

- Permethrin 5%
- Lindane 1%
- Crotamiton 10%
- Sulfur 15%
- Off label-Ivermectin 200 micrograms/kg po single dose

SCABIES-References


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