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Skin Conditions 2

INFECTIOUS SKIN CONDITIONS

| | Infection | Features | Management |
|-----------|-------------------------------|---|---|
| Viral | HSV-1 (cold sore) | Oral & perioral vesicular or erosive lesions (may be HSV2) | Oral antivirals, topical therapy |
| | HSV-2 (genitals) | Clusters of vesicular or erosive lesions on external genitalia (may be HSV1) | Oral antivirals |
| | Herpes Zoster | Blistering vesicular lesions, dermatomal distribution & erythema/pain | Oral antivirals |
| | Varicella (chicken pox) | Generalized vesicular rash; mild fever, malaise; be on alert for 2° pneumonia (life threatening) | Supportive/comfort measures; oral antivirals |
| | Warts (HPV) | Firm, rough papule or nodule (may have end-on capillaries) | Topical therapy, cryotherapy |
| Bacterial | Cellulitis | Inflamed area; red, warm, swollen, tender | Empiric antibiotics, cephalixin |
| | Erysipelas | Fiery red, pain, well defined edges | Penicillin |
| | Impetigo | Honey crusted lesions | Bactroban/oral antibiotics |
| Parasitic | Scabies | Intense pruritis, superficial linear burrows + inflamm papules in finger webs, wrist/elbows, axilla/groin | Topical permethrin; Eurax(≤2mos old); clean clothing/bedding/home |
| | Lice | Pruritic red excoriations, visible nits at hairline and behind ears | Pyrethroids; clean clothing/bedding/home |
| Fungal | Tinea Corporis, Cruris, Pedis | Scaly pruritic round plaques with red margins | Topical therapy, azole antifungal, terbinafine |
| | Onychomycosis/Tinea unguium | Crumbling and dystrophic nails; yellow and opaque | Systemic antifungal, terbinafine, itraconazole |
| | Candidiasis | Red patches with papules/satellite pustules in groin and breast areas. | Azole antifungal or mycostatin; clean & dry |
| | Pityriasis versicolor | Hypo/hyperpigmented macules and patches - mostly on trunk | Topical or oral antifungals (not terbinafine) |

DERMATITIS

| Condition | Features | Management |
|-----------------|---|---|
| Atopic (eczema) | Chronic inflammatory condition | Emollients, topical steroids |
| Contact | Direct skin exposure to a substance, allergic or irritant | Avoid exposure; protective barriers, topical steroids |

COMMON CHILDHOOD EXANTHEMS (Rashes)

| | |
|---------------------------------|---|
| Measles | Erythematous maculopapular rash, occurs 5-7 days post fever/flu-like prodrome; starts on face, spreads to trunk, then limbs; koplik spots pathognomonic |
| Scarlet Fever | Fever, rash starts 1-2 days into illness; erythematous macules, pinpoint papules, sandpaper texture; "strawberry tongue" |
| Rubella (German Measles) | Mild lymphadenopathy 1-5 days prior to rash (post-auricular, posterior cervical, occipital); pink pinpoint macules/papules. |
| Erythema Infectiosum (Fifth dz) | "Slapped cheek" appearance, lacy body rash; rash occurs 3-7 days post fever/flu-like prodrome |
| Roseola infantum | Erythematous maculopapular rash in shawl area; presents upon resolution of a high fever (>39.5°C) lasting approx. 3 days |

Key References: 3) Rao, RD, McWilliams, RR et al. Malignant Melanoma in the 21st Century. Part 1: Epidemiology, Risk Factors, Screening, Prevention, and Diagnosis. *Mayo Clinic Proceedings*. 2007;82(3):364-380 4) Williams, H.C. (2005) Clinical practice. Atopic dermatitis. *New England Journal of Medicine*. 352, 2314-2324.