

Chapter 6:

Bacterial infections diseases



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basic lesion

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6.1 Impetigo



Bullous impetigo

Bullae with cloudy contents, often surrounded by an erythematous halo. These bullae rupture easily and are rapidly replaced by extensive crusty patches. Bullous impetigo is classically caused by *Staphylococcus aureus*.

Basic Lesions: Bullae; Crusts

Causes: Infection



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Non-bullous impetigo

Erythematous patches covered by a yellowish crust. Lesions are most frequently around the mouth. Lesions around the nose are very characteristic and require prolonged treatment.

B-Haemolytic streptococcus is most frequently found in this type of impetigo.

Basic Lesions: Erythematous Macule; Crusts

Causes: Infection



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6.2 Ecthyma



Slow and gradually deepening ulceration surmounted by a thick crust. The usual site of ecthyma are the legs. After healing there is a permanent scar. The pathogen is often a streptococcus. Ecthyma is very common in tropical countries.

Basic Lesions: Crusts; Ulcers

Causes: Infection



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6.3 Folliculitis



Inflammatory papule with a follicular pustule at its centre. The pathogen is usually a staphylococcus. Folliculitis is frequently multiple and classically located on the buttocks, thighs, or the face.

Basic Lesions: Erythematous Macule; Dermal Papules; Pustules

Causes: Infection



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6.4 Furuncle (BOIL)



Acute deep folliculitis starting with a painful erythematous papule with the appearance of a central pustule. After spontaneous or induced evacuation of the pus, the furuncle often leaves a permanent scar. The pathogen is *Staphylococcus aureus*.

Basic Lesions: Dermal Papules; Pustules

Causes: Infection



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6.5 Carbuncle



By definition, carbuncles result from the coalescence of several juxtaposed furuncles. A large painful lump is strewn with small pustules which emerge on the skin surface.

Basic Lesions: Nodules; Pustules

Causes: Infection



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6.6 Erysipelas



Hot, painful, oedematous erythematous patches, accompanied by fever and malaise, typically caused by a streptococcus. Erysipelas can affect the face, and in this case the border against healthy skin is very distinct and raised: the "step" sign. ▶

Basic Lesions: Erythematous Macule

Causes: Infection



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Erysipelas

continued

On the leg one observes extensive wide patches identical with those on the face but having a less accentuated margin. Again, the general health is affected, and there is always fever. A mixed infection is found in most cases (gram positive and/or gram negative bacteria). There is often a portal of entry, e.g. a lesion between the toes or a wound caused by trauma.

Basic Lesions: Erythematous Macule

Causes: Infection



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6.7 Orbital cellulitis



Deep retro-orbital infection manifests itself on the skin with periorbital oedema accompanied by malaise and fever. This is evidently a serious condition, given the possibility of spreading towards the cavernous sinus.

Basic Lesions: Nodules; Crusts

Causes: Infection



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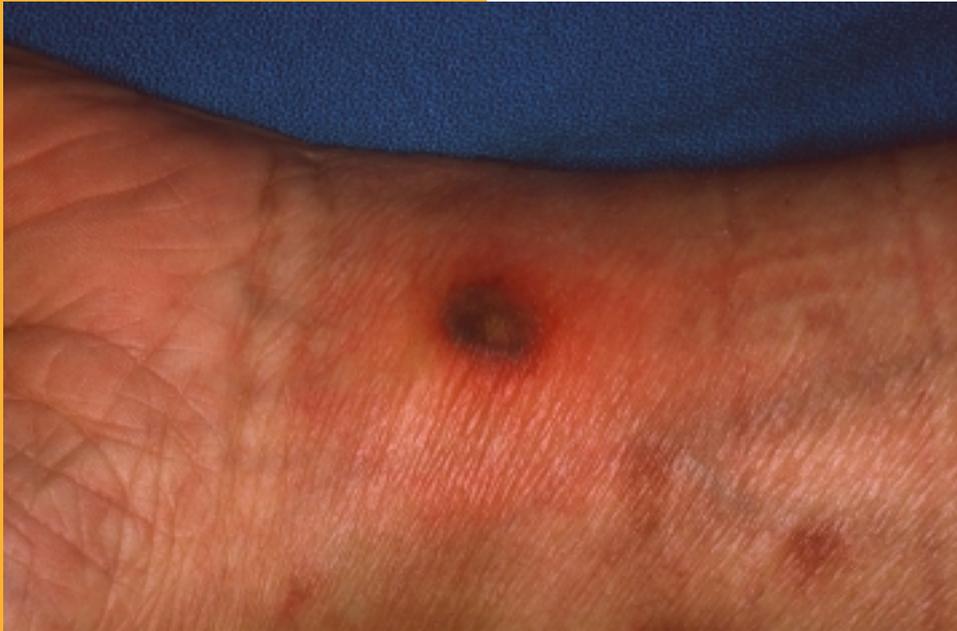


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6.8 Septic emboli



Small erythematous pustular lesions occurring simultaneously in a number of places. The general context depends on the starting point of these septic emboli (cardiac involvement in rheumatic fever, gonorrhoea in the process of dissemination, etc.).

Basic Lesions: Erythematous Macule; Pustules

Causes: Infection



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6.9 Borrelia infections



Erythema chronicum migrans or lyme disease

Broad erythematous patch spreading outwards with a false appearance of healing at the centre. ▶

Basic Lesions: Erythematous Macule

Causes: Infection



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Erythema chronicum migrans or lyme disease

continued

Sometimes a small scar is found in the middle (trace of a tick bite). Erythema chronicum migrans is caused by Borrelia infection.

Basic Lesions: Erythematous Macule

Causes: Infection



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Borrelia pseudolymphoma

In some cases the Borrelia infection is clinically recognized by the presence of one or more pasty nodules, mainly on uncovered parts of the body, most typically on earlobes. This type of "pseudolymphoma" is also one of the Borrelia diseases. One can include this lesion among the forms of the old "lymphocytoma benigna cutis".

Basic Lesions: Nodules

Causes: Infection



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6.10 Proteus infection



In rare cases, if untreated contused lesions are present, a gram-negative microorganism such as *Proteus* or *Pseudomonas* can cause necrosis of the distal extremity of a finger.

Basic Lesions: Gangrene

Causes: Infection



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6.11 Cat-scratch disease



More or less fluctuant nodules with ulceration and central crust, accompanied by lymphadenopathy with considerable swelling. ▶

Basic Lesions: Nodules; Crusts

Causes: Infection; Mechanical Factors



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Cat-scratch disease

continued

The young patient was scratched by his cat a few weeks previously.

Basic Lesions: Nodules; Crusts; Ulcers

Causes: Mechanical Factors



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6.12 Intertrigo



Glazed erythematous patches with the appearance of "pages of a book", centred on the base of a large fold. Maceration and infection with common microorganisms are typical.

Basic Lesions: Erythematous Macule

Causes: Infection



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6.13 Cutaneous tuberculosis



Lupus vulgaris

Large reddish-yellow lesion affecting the face and the earlobe. False appearance of healing at the centre. ▶

Basic Lesions: Tubercles; Scars

Causes: Infection



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Lupus vulgaris

continued

Vitropression reveals characteristic orange-red coloration, which dermatologists at the beginning of the century compared to "barley sugar", a delicacy which has now gone out of fashion.

Basic Lesions: Tubercles

Causes: Infection



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Scrofuloderma

Chronic tuberculous cervical lymphadenopathy with skin ulceration.

Basic Lesions: Ulcers; Scars

Causes: Infection



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Complication of BCG vaccination

Non-specific abscess formation after BCG vaccination. This complication of BCG vaccination is generally the result of an injection made too deeply.

Basic Lesions: Nodules

Causes: Chemical Agents



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6.14 Atypical mycobacterial infections



Infection with *Mycobacterium marinum*

This condition is found mainly in fish fanciers (fish-tank disease) and classically appears in the form of a chain of nodules spaced like rosary beads, extending along the line of lymphatic drainage. These are more or less keratotic papulonodular lesions and/or ulcers. There is generally little pain. Deep biopsy with culture in a suitable medium very easily reveals the mycobacterium.



Basic Lesions: Nodules; Ulcers

Causes: Infection



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Infection with *Mycobacterium marinum*

continued

The papulonodules can be single or multiple. The latter form of the mycobacterial infection is sometimes known as sporotrichoid.

Basic Lesions: Nodules; Ulcers

Causes: Infection



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Infection with *Mycobacterium fortuitum* or *chelonae*

Abscess and violet nodules occurring a few weeks after repeated injections as part of mesotherapy (in the treatment of "cellulitis").

Basic Lesions: Nodules; Ulcers

Causes: Mechanical Factors



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6.15 Corynebacterium infections



Erythrasma

Broad and distinctly demarcated brownish or buff macule, with rounded margins, usually symmetrical and affecting either the groins or the axillae. These lesions are homogeneous and finely squamous. The pathogen is *Corynebacterium minutissimum*. Examination in Wood's light reveals coral-red fluorescence.

Basic Lesions: Pigmented Macules; Scales

Causes: Infection



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Trichomycosis axillaris

This is a bacterial infection caused by corynebacteria. The axillary hairs are surrounded by small yellowish nodules corresponding to colonies of bacteria. There is little in the way of subjective symptoms. The sweat sometimes becomes yellowish.

Basic Lesions: None specific

Causes: Infection



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Pitted keratolysis

Small serpiginous erosions of the horny layer with a punched-out appearance, mainly found on weight-bearing areas of the soles and causing an interruption in footprints. An associated plantar hyperhidrosis is often present. The erosions correspond to areas of desquamation in a block of the horny layer invaded by corynebacteria.

Basic Lesions: Excoriations (or Ulcerations)

Causes: Infection



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