CLINICAL QUIZ (p55) ANSWER

Case 1:

Answer: Impetigo

It can be caused by either Staphylococcus aureus (mainly in infants) or group A Streptococcus pyogenes (mainly in children). It is transmitted by direct contact and the common initial event is either via an insect bites or skin abrasion. Multiple lesions can be found in the same patient due to self-transmission. The clinical manifestation usually starts as superficial bullae or blebs (or pustules) then rupture. Non-bullous form can be found occasionally. It then forms a honey yellowish crust (coagulated exudates) with erythematous margin. Specific treatment includes systemic antibiotics in the form of cloxacillin or Amplicillin-cloxacillin (if can't rule out streptococcal infection). Careful cleansing of lesions with antiseptic soaps and water will help to limit the extent of the lesion. Thorough hand washing after contact is mandatory.

Case 2:

Answer: Henoch-Schonlein purpura

Also known as anaphylactoid purpura previously. The actual etiology remains unknown but is speculated as an autoimmune phenomenon. Patient often presents with malaise, headache, anorexia, low-grade fever and may associate with swollen, painful joints or abdominal pain. The characteristic skin lesion initially appears as small segregated urticarial rash and then became dusky red (purpuric) and non-blachable.The lesions are mainly found over the extensor surfaces of the lower limbs, upper limbs and buttock and typically sparing the face except in infants. Around 20% to 30% may have concomitant glomerulonephritis (typically IgA nephropathy) and examination of urine and blood pressure are mandatory. Up to current moment, there is no specific treatment and the lesions will gradually resolve though recurrence is not uncommon. Supportive approach is recommended.