

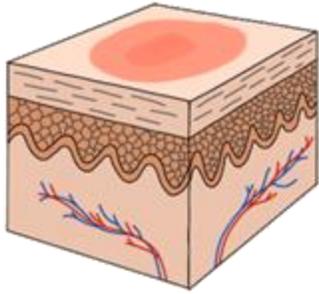
Rashes

Magdalena Okarska-Napierała

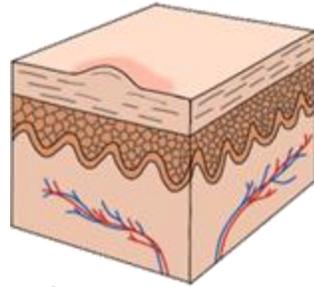
Department of Pediatrics with Clinical
Assessment Unit

How to assess the rash

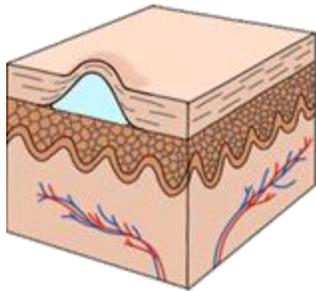
1. The lesion type



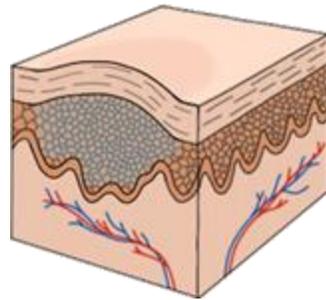
Macules



Papules

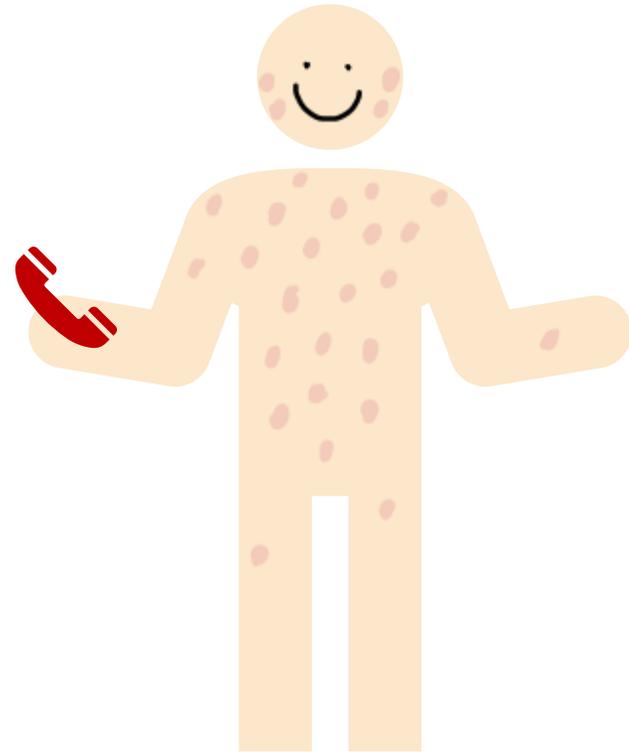


Vesicles

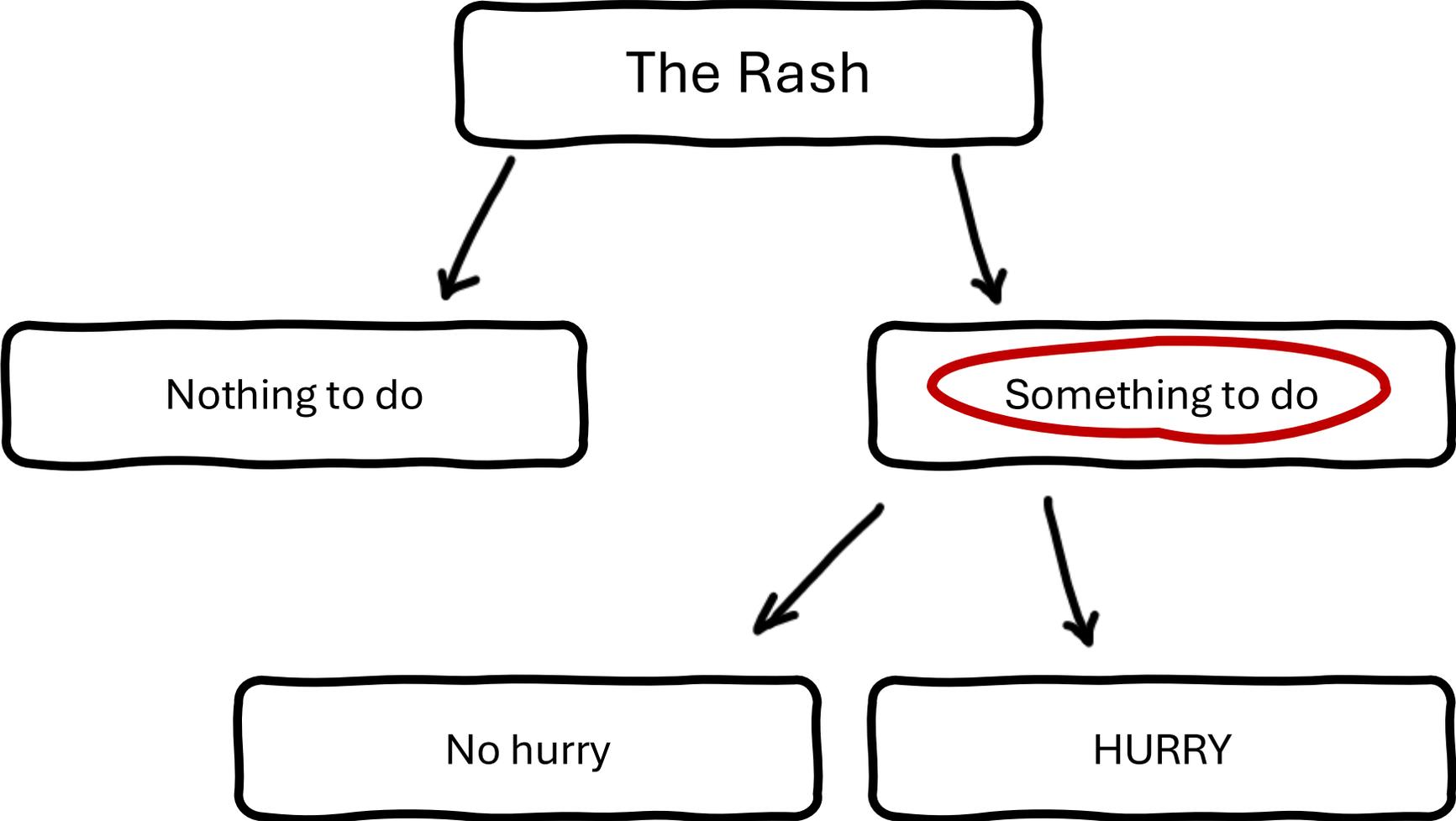


Wheals

2. The lesion distribution



Major „types” of rashes







Chickenpox

- History: typical rash in a non-immune person after exposure
- Rash predominates on the **trunk**
- Lesions on the **scalp**
- Macule → papule → vesicle → cloudy content → erosion → crust
- “Dewdrop on a rose petal”
- “Starry sky appearance”
- Risk of bacterial and other complications...
- Highly contagious!
- Possibility of primary and post-exposure prophylaxis



2



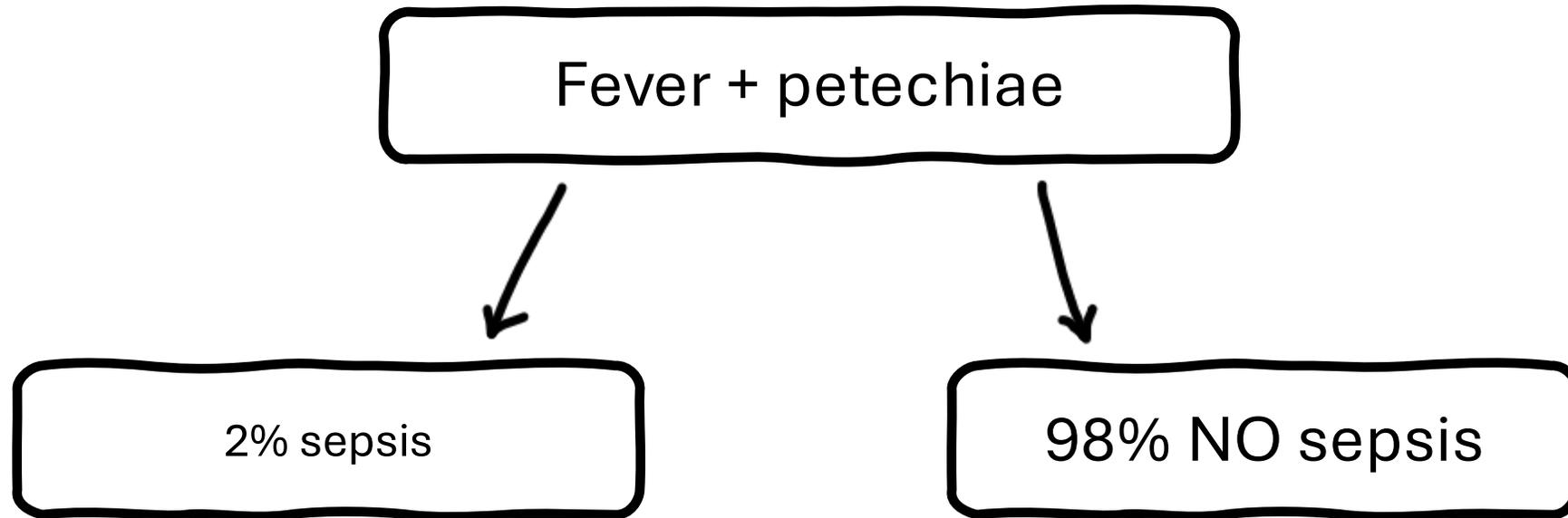
Meningococcal sepsis!

- History: fever, nonspecific infection symptoms, limb pain, rapidly deteriorating general condition
- **Petechiae** – do not blanch under pressure
- Chaotic distribution of lesions
- Lesions are large, irregular, dark
- **Dynamics – lesions enlarge and new ones appear within a short time**
- **Life-threatening condition**
- Antibiotic therapy must be initiated within ONE HOUR of first medical contact
- Transport to hospital by **ambulance**





Not every petechial rash indicates sepsis



Independent risk factors for meningococcal sepsis:

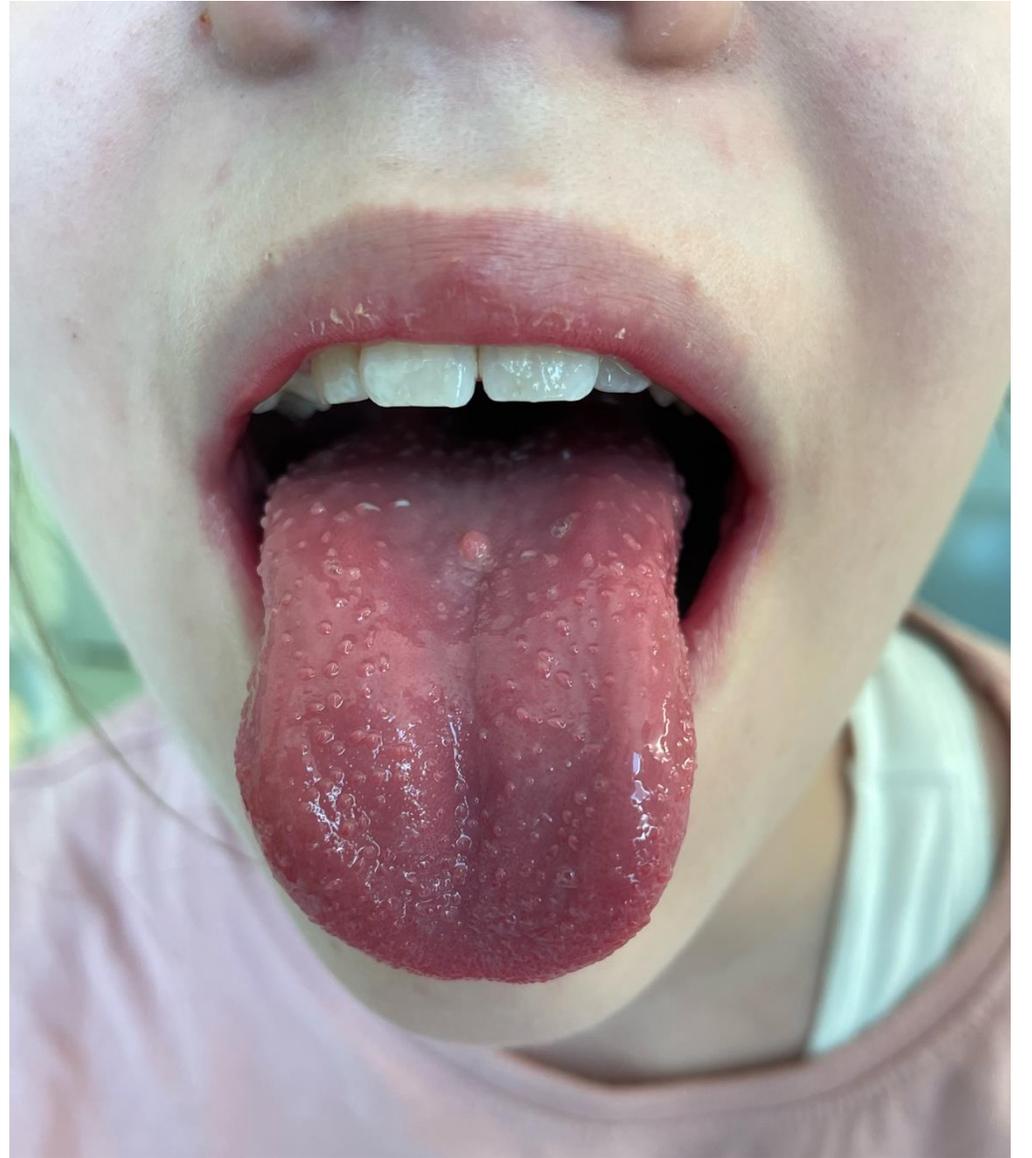
- Purpura (large petechiae)
- Altered consciousness
- Limb pain
- Shock





Scarlet fever

- Suppurative tonsillitis with fever (though not mandatory)
- Confluent, fine maculopapular rash
Rough skin
- **Pastia's lines** – linear petechiae in skin folds
- **Filatov's triangle** – erythema on the face with a pale area around the mouth
- **Strawberry tongue: white → red**
- Treatment: **PENICILLIN**





A large, bold black number '4' is centered on a white background. The number is positioned at the intersection of a vertical and a horizontal black line that divide the page into four quadrants. A large, thin white circle is centered on the same intersection point, with its diameter nearly matching the width of the page. The number '4' is slightly offset to the right of the vertical line and sits exactly on the horizontal line.

4





Urticaria 😊

- **Highly dynamic** rash – wheals appear and disappear within minutes to hours
 - Individual lesions **do not persist on the skin for more than 24 hours**
- **Dermographism** – triple Lewis response
 - Severe **itching**
 - Possible edema (hands, feet, face)
- The most common trigger is likely infections!
- Urticaria may be part of an anaphylactic reaction...



A large, bold, black number '5' is centered on a gray background. The number is positioned within a white circular graphic that consists of two concentric circles. A black crosshair, consisting of a vertical and a horizontal line, is centered on the number and the circles. The background has a subtle gradient from light gray at the top to a slightly darker gray at the bottom.

5



IgA vasculitis, IgAV

- **Palpable purpura**
- Rash of mixed character; flat petechiae, bruises, and “target lesions” may be present
- **Typical location** – lower limbs, buttocks, but involvement of the face, trunk, and upper limbs is also possible
- The rash is accompanied by **at least one of the following:**
 - Abdominal pain (50%), blood in stool (20–30%)
 - Joint pain and swelling (50–75%)
 - Signs of glomerulonephritis (20–50%)
- **Most patients can be managed at home**
- **Regular monitoring, including urinalysis, is necessary**



A large, bold, black number '6' is centered on a gray background. The number is positioned within a white double-circle graphic. A black crosshair, consisting of a vertical and a horizontal line, is centered on the number and the background. The background has a subtle gradient from dark gray on the left to light gray on the right.

6



HSV

- In children, **herpetic stomatitis** is a common presentation of primary infection:
 - Redness and bleeding of the gums
 - Vesicles on the mucosa rapidly become erosions
 - Lesions around the mouth are also common
 - High fever
- Cutaneous herpes can appear at any location
- **Herpetic eczema** – a serious complication, mainly affecting patients with atopic dermatitis
- Treatment: **ACICLOVIR**







Impetigo

- Papules, vesicles, erosions covered with **honey-colored crusts**
- Most often on exposed areas of the skin (face, limbs)
- In the **bullous form**, large thin-walled blisters form, which rupture and become crusted
- Etiology: *S. aureus* or *S. pyogenes*
- **Treatment: topical (mupirocin, fusidic acid) or systemic (cloxacillin, cefadroxil), depending on the number of lesions**





Thank you