

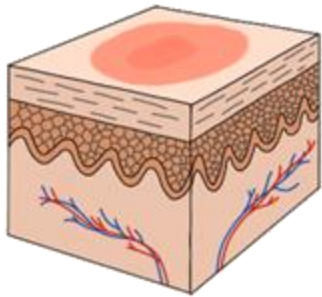
Rashes

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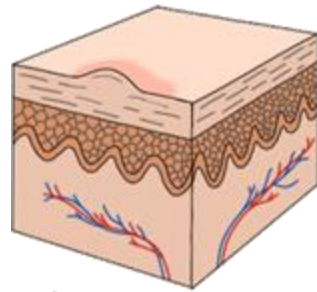
Department of Pediatrics with Clinical
Assessment Unit

How to assess the rash

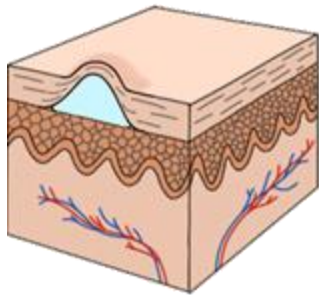
1. The lesion type



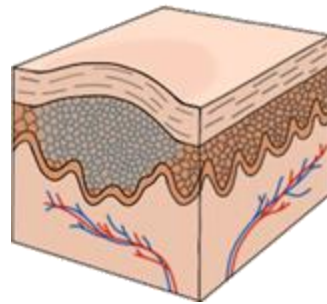
Macules



Papules

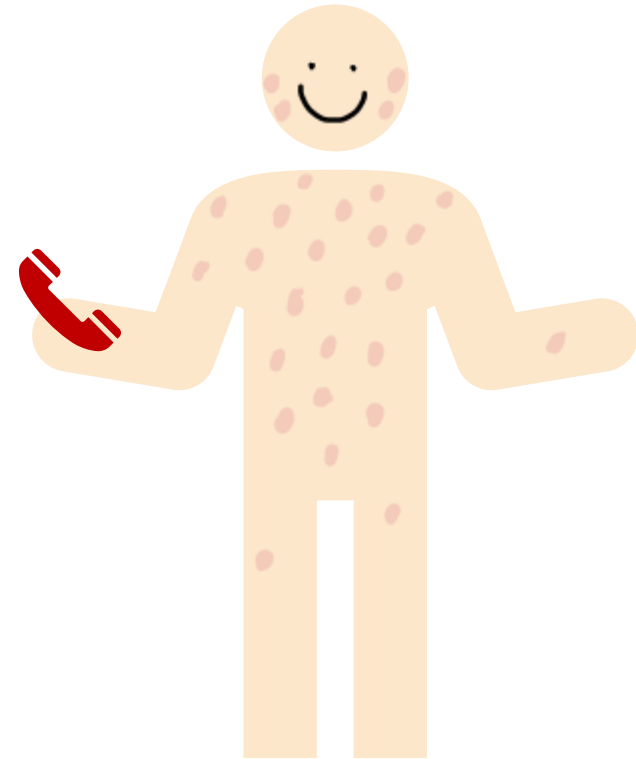


Vesicles

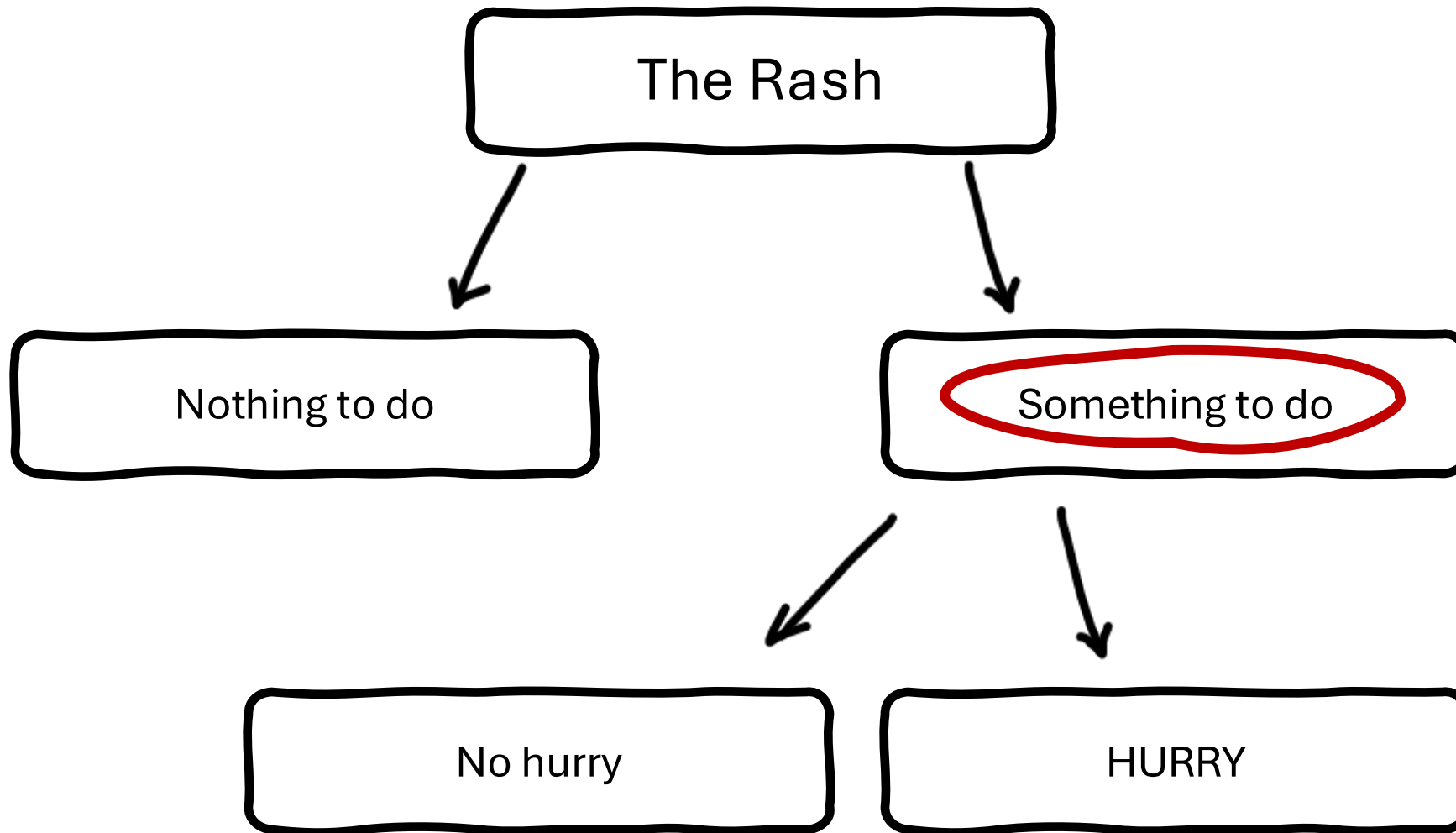


Wheals

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



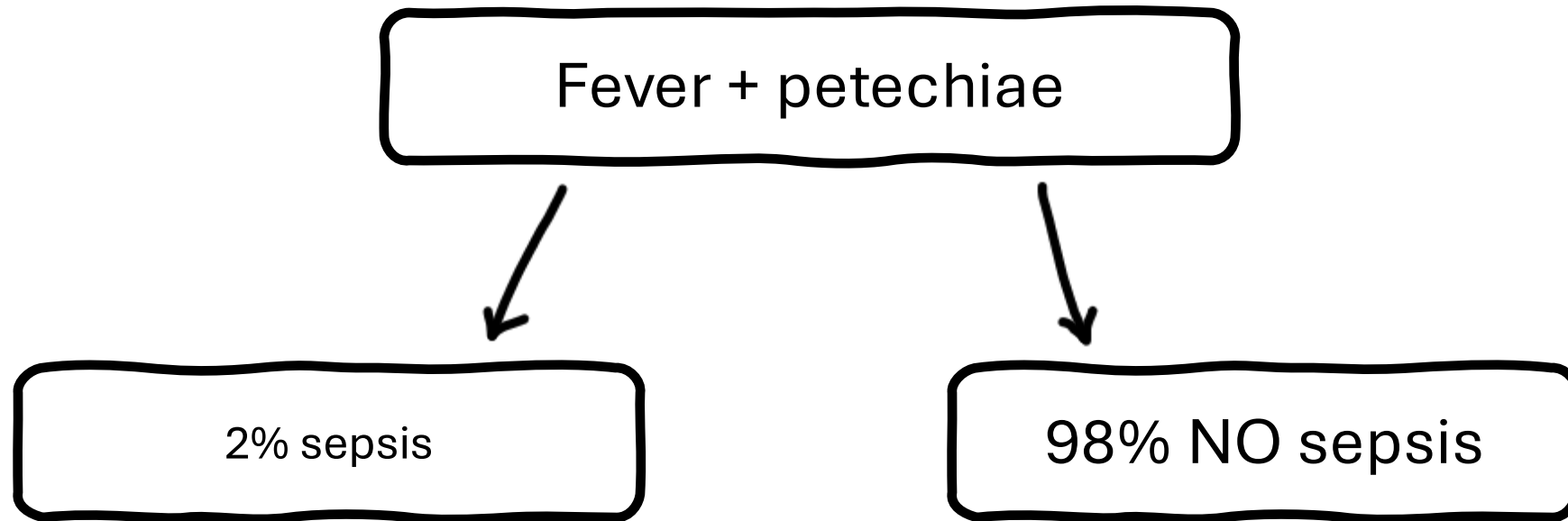
Meningococcal sepsis!

- 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:

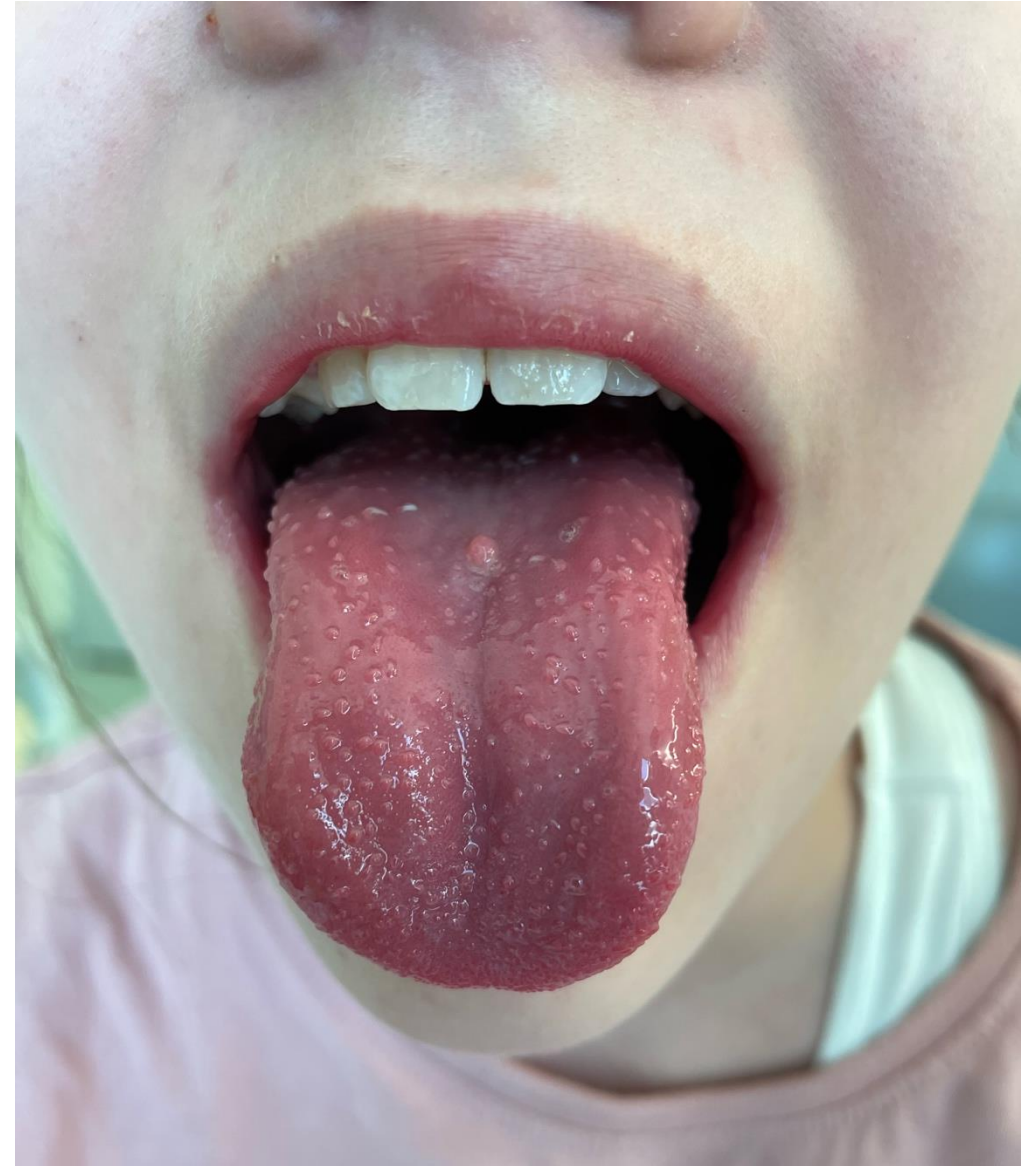
- Purpura (large petechiae)
- Altered consciousness
- Limb pain
- Shock





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**





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...



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**







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