

Diseases due to Coryneform bacteria

Erythrasma

- *C. minutissimum*
- Gram's positive rod
- Normal flora



Erythrasma

Sites

- Genitocrural
- Axillae
- Submammary regions



Clinically

- Reddish brown lesions
- Asymptomatic
- Well defined borders
- Smooth surface -fine scaling



DOI A

rlangeri,
Dermatology
131- 85 - 2727

Diagnosis

- Wood's lamp exam
- Coral red
(coproporphyrin III)



Pitted Keratolysis

*Micrococcus
sedentarius*



Treatment of Coryneform Infections

- Topical fusidic acid
- Benzoyl peroxide,
- Imidazoles
- Systemic erythromycin
- Tetracycline

Intertrigo

Inflammation of opposing surfaces

Infections

- Erythrasma



Intertrigo

Infections

- Group A streptococcus



Intertrigo

Infections

- *C. albicans*



Intertrigo

Infections

- *P aeruginosa*



Treatment

- Moist dressings/or Castellani's paint
- Topical antibacterial/antifungal creams
- Zinc oxide topically to avoid friction
- Weight reduction

Staphylococcal Scalded Skin Syndrome (Ritter's Disease)

Etiology

- Staph.
- Strept.group A
- Exotoxin A&B



Pathogenesis-

- Exotoxin carried hematogenously
- Intraepidermal acantholysis



Clinically-

- Erythema, exfoliation/
denudation of skin
- Wet tissue paper
appearance
- **Nikolsky sign** positive



Toxic Shock Syndrome

Etiology

- Staph. aureus

TSS toxin 1

- Rarely Strept. Group A

Clinically-

- Fever, Hypotension,
- Gen. rash. , Multisystem failure



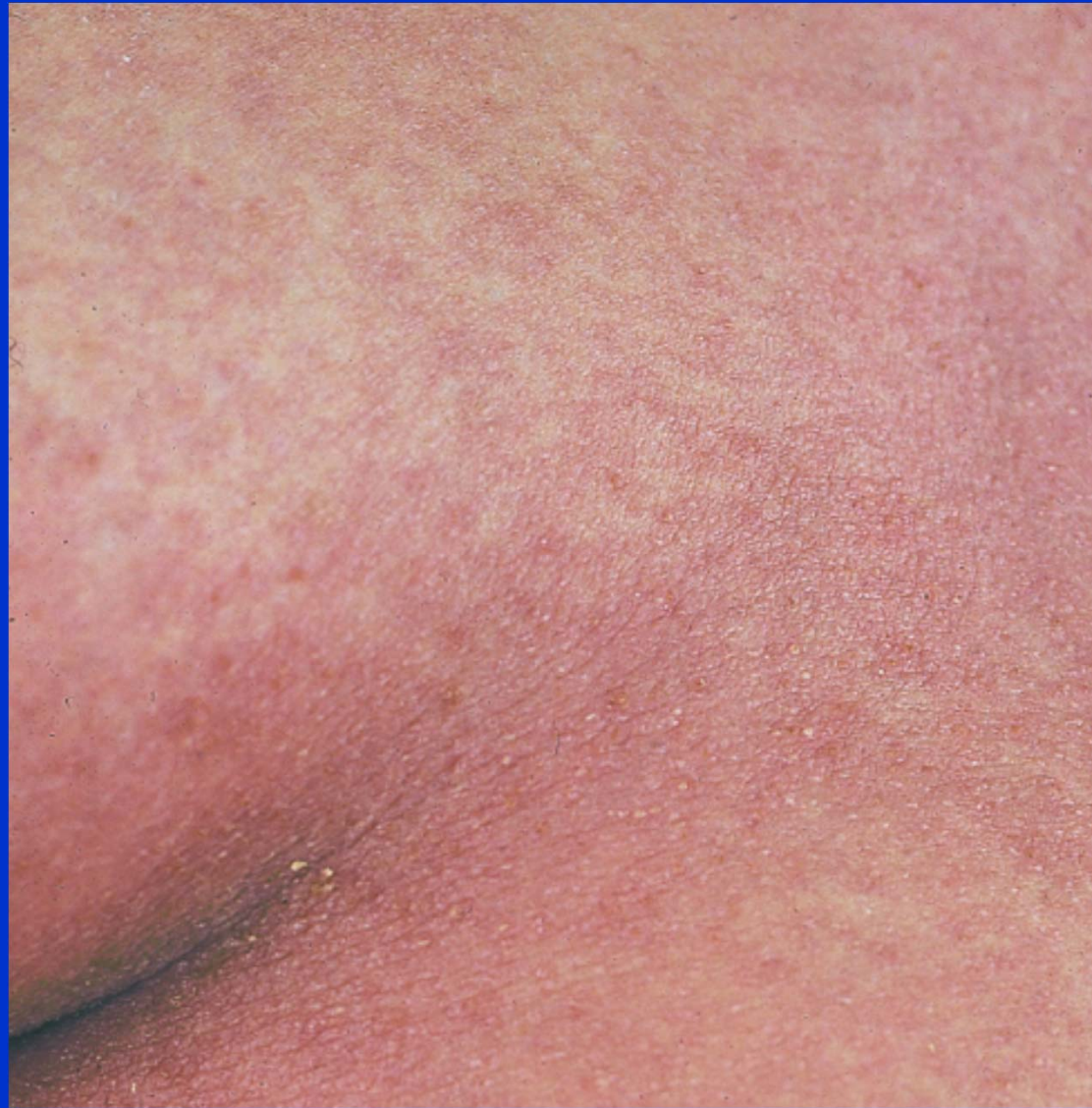
Scarlet Fever

- Acute infection of tonsil, skin & other sites
 - Erythrogenic exotoxin
- Group A Streptococcus



Scarlet Fever

- Scarlatiniform Rash
(Pastia's lines)
- Scattered petechiae
- Strawberry tongue
- Enanthem



Infective Endocarditis

- Microbial infection of valves, mural endocardium
- Bacteremia

Etiology

- Staph., Strept. pneumoniae



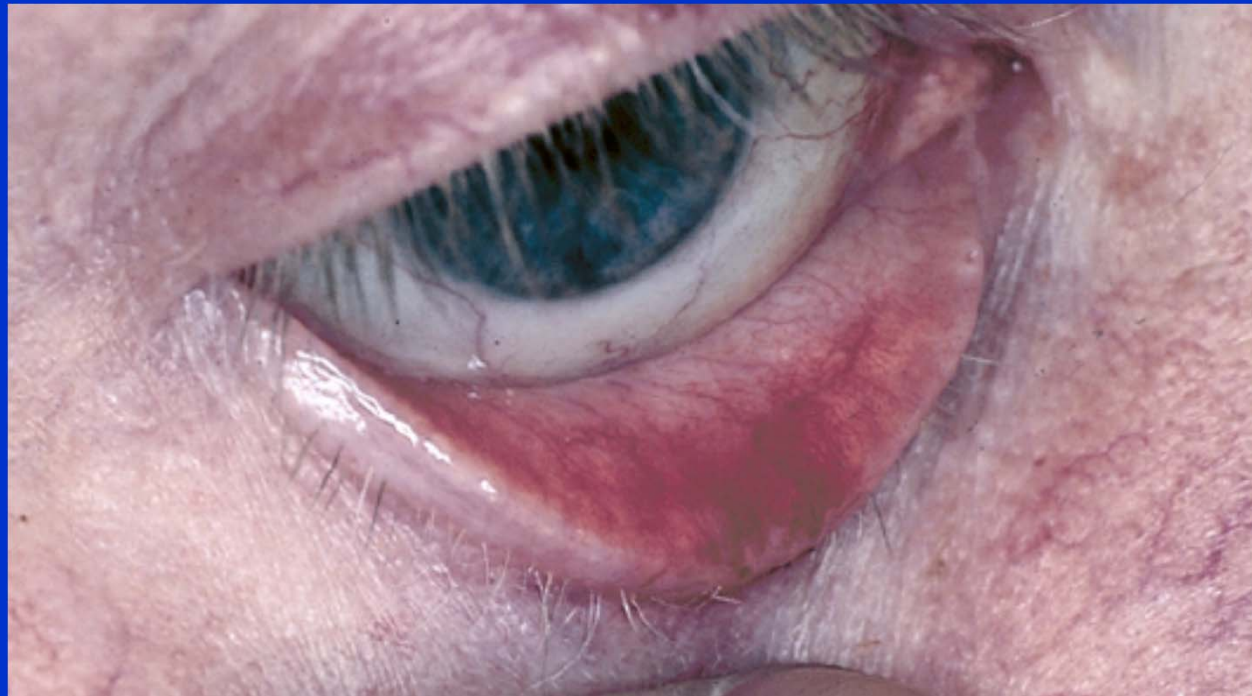
Predisposing factors-

- Underlying heart disease
- I/V drug users
- Prosthetic valves



Infective Endocarditis

Subconjunctival hemorrhage



Infective Endocarditis

- Dermal nodule with hemorrhage & necrosis
- Bacteremia(Staph.)



Acute meningococemia

Early lesions

- 2-10mm Macules
/papules

Later lesions

- Petechiae,
- Ecchymosis
- Purpura fulminans



Treatment

- Reduce no of indwelling catheters, source of infection
- Penicillin G -3lac unitsI/v/kg/d
- Ceftriaxone
- Cefotaxime
- Ampicillin I/VX10 days

Pseudomonas infections

Nail infections

Web space infections

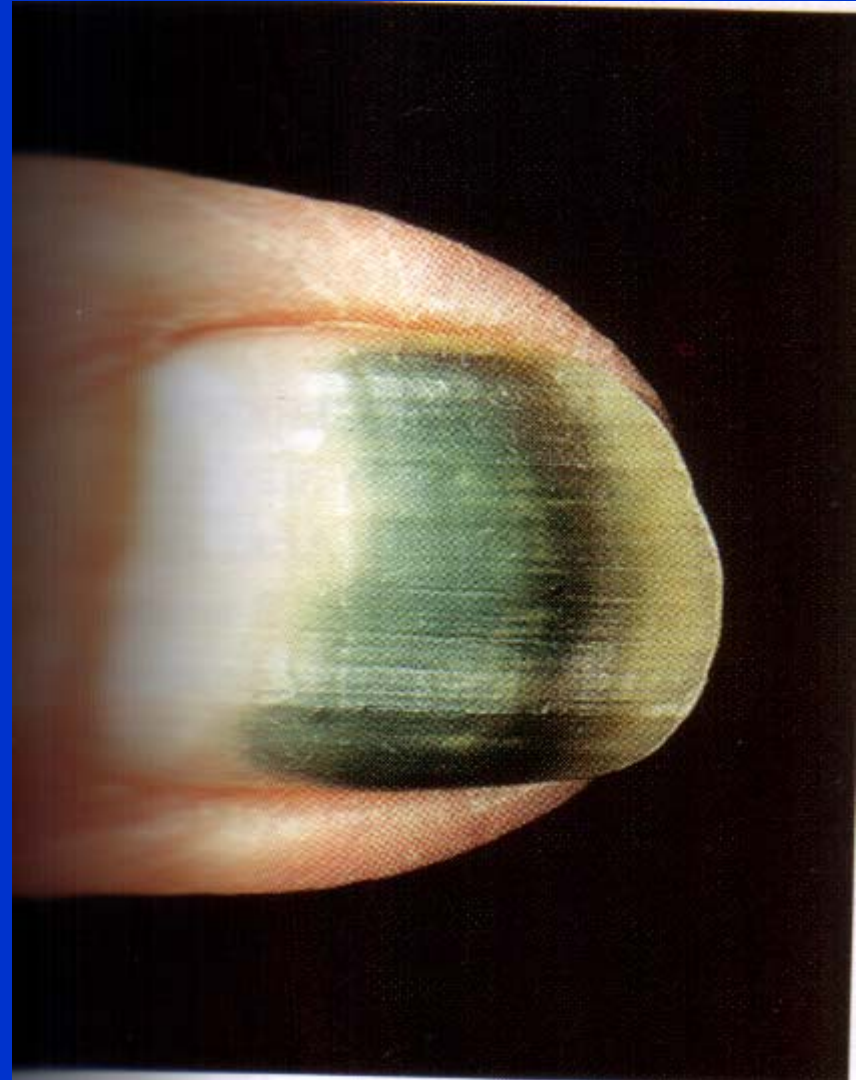
Folliculitis

Primary/secondary pyodermas

Ecthyma gangrenosum

Bactremia

Endocarditis



Treatment

- Control of offending factors
- Appropriate antibiotics
- Debridement of infarcted area

Actinomycosis

- Chronic suppurative granulomatous disease
- *Actinomyces israelii*
- Endogenous infection



Primary Cutaneous

Uncommon

Exposed skin

Subcutaneous nodules

Sinuses

Regional lymphadenopathy



Actinomycosis



Treatment

- I/V penicillin 10-12 million units daily
x 30-45 days
- Wide surgical excision
- I/M Penicillin 2-5 million units
x 12-18 months

Nocardiosis

- Acute - Chronic suppurative disease
- Aerobic Actinomycetes
- Opportunist pathogen
- Primary infection by inhalation
 - pulmonary

Cutaneous Lesions

- Primary chancriform
- Multiple abscesses
- Muscles & bones
- Lymphangitic – multiple suppurative nodules



Treatment

- Cotrimoxazole
- Sulphonamides
- Ampicillin
- Minocycline
- Amikacin
- Imipenem