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## Canadian Family Medicine Clinical Card

A23 2013  
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# Skin Conditions 2

### INFECTIOUS SKIN CONDITIONS

	Infection	Features	Management
Viral	HSV-1 (cold sore)	Oral & perioral vesicular or erosive lesions (may be HSV2).	Oral antivirals, topical therapy
	HSV-2 (genitals)	Clusters of vesicular or erosive lesions on external genitalia (may be HSV1).	Oral antivirals
	Herpes Zoster	Blistering vesicular lesions, dermatomal distribution & erythema/pain.	Oral antivirals
	Varicella (Chicken Pox)	Generalized vesicular rash. Mild fever, malaise. Be alert for 2° pneumonia (life threatening).	Supportive/comfort measures, oral antivirals
	Warts (HPV)	Firm, rough papule or nodule (may have end-on capillaries).	Topical therapy, cryotherapy
Bacterial	Cellulitis	Inflamed area; red, warm, swollen, tender.	Empiric antibiotics, cephalexin
	Erysipelas	Fiery red, pain, well defined edges.	Penicillin
	Impetigo	Honey-coloured crusted lesions.	Bactroban/oral antibiotics
Parasitic	Scabies	Intense pruritis, superficial linear burrows + inflamm papules in finger webs, wrist/elbows, axilla/groin.	Topical permethrin, Eurax ( $\leq 2$ mo old), clean clothing and home
	Lice	Pruritic red excoriations, visible nits at hairline and behind ears.	Pyrethroids, clean clothing and home
Fungal	Tinea Corporis, Cruris, Pedis	Scaly pruritic round plaques with red margins.	Topical therapy, azole antifungal, terbinafine
	Onychomycosis/Tinea unguium	Nails: crumbling, dystrophic, yellow, opaque.	Systemic antifungal: terbinafine, itraconazole
	Candidiasis	Red patches with papules/satellite pustules in groin and breast areas.	Azole antifungal or mycostatin. Clean & dry
	Pityriasis versicolor	Hypo/hyperpigmented macules and patches - mostly on trunk.	Topical or oral antifungals (not terbinafine)

### DERMATITIS

Infection	Features	Management
Atopic (eczema)	Chronic inflammatory condition	Emollients, topical steroids
Contact	Direct skin exposure to a substance, allergic or irritant	Avoid exposure; protective barriers, topical steroids

### COMMON CHILDHOOD EXANTHEMS (Rashes)

Measles	Erythematous maculopapular rash. Starts on face, spreads to trunk, then limbs. Rash 5-7 days post fever/flu-like prodrome.
Scarlet Fever	Fever, rash 1-2 days post symptoms. Erythematous macules and pinpoint papules with sandpaper texture. "Strawberry tongue"
Rubella (German Measles)	Mild lymphadenopathy 1-5 days prior to rash. Pink pinpoint macules and papules.
Erythema Infectiosum (5 <sup>th</sup> Disease)	"Slapped cheek" appearance, lacy body rash. Rash 3-7 days post fever/flu-like prodrome.
Roseola Infantum	Rash presents at resolution of a high fever. Erythematous maculopapular rash in shawl area.