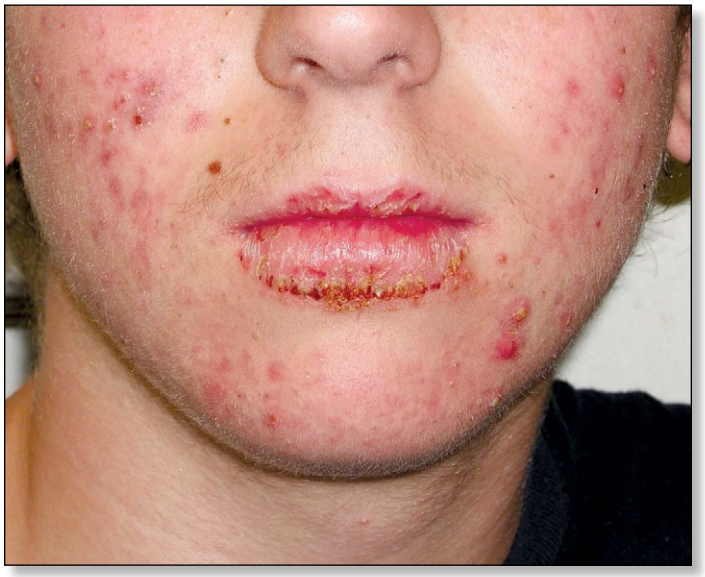
DERM DILEMMA

WHAT IS YOUR DIAGNOSIS?

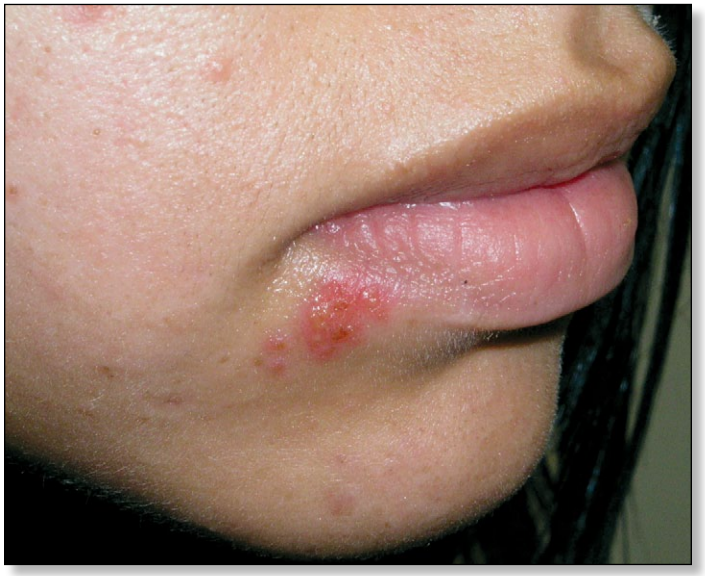
Mark A. Bechtel, MD, and Matthew Zirwas, MD



CASE 1

A 16-year-old boy presents with a 5-day history of weeping, honey-colored crusts below his lower lip. He recently was at summer camp, where he swam in ponds and was exposed to weeds. He has a history of chronic acne. The rash is nonpruritic, but there is some burning. Several other campers have a similar rash. Bacterial culture and sensitivity are obtained.

What is your diagnosis?



CASE 2

A 22-year-old woman has painful blisters of her right outer lip and swollen lymph nodes below her right jaw. She also reports malaise, fever, and anorexia. Prior to the onset of the blisters, she had localized pain and burning of the area. The patient recently vacationed in Cancun, Mexico, and had significant sun exposure. On physical exam, she demonstrates painful grouped vesicles on an erythematous base.

What is your diagnosis?

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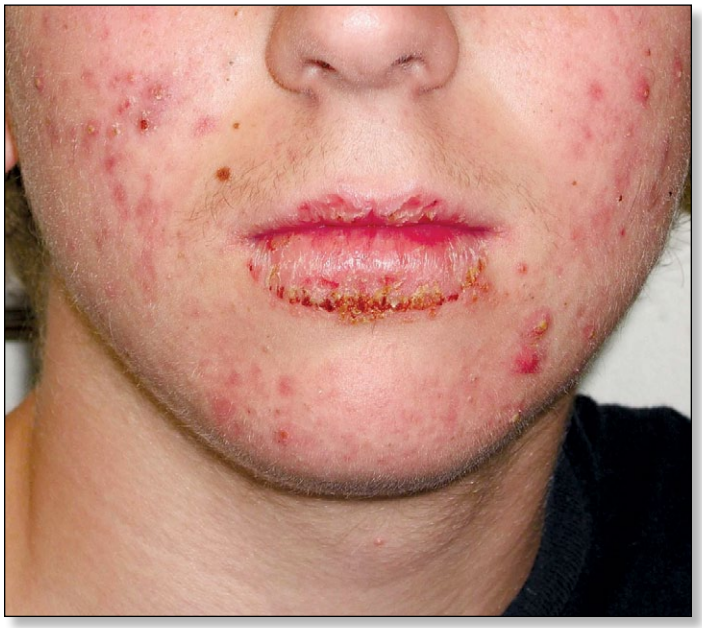
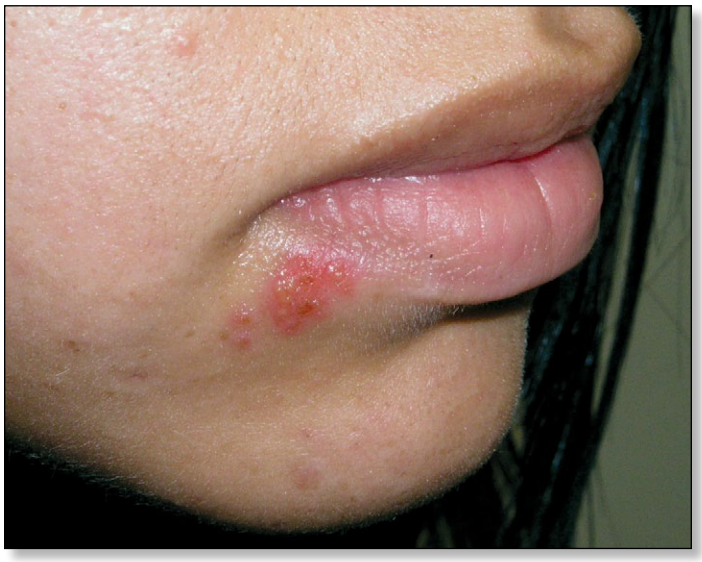


CASE 1

The patient has impetigo. Nonbullous impetigo is usually caused by *Staphylococcus aureus* and sometimes *Streptococcus pyogenes*. Infection often occurs at minor sites of trauma. Bullous impetigo is caused by *S aureus*, and blister formation is mediated by an exfoliative toxin produced by the *Staphylococcus* strain. Local wound care, including cleaning and removing crusts, is important. Localized impetigo in a healthy patient can be treated with mupirocin ointment 2% three times a day. β-Lactamase-resistant penicillins and first- or second-generation cephalosporins should be used in more advanced cases. Some organisms are sensitive to macrolides. The possibility of MRSA should be considered in resistant cases.



CASE 2

The patient is diagnosed with herpes labialis due to herpes simplex virus 1. A primary infection is possible, as suggested by the lymphadenopathy and systemic symptoms. Multiple grouped vesicles on an erythematous base are the classic manifestation. Initial primary herpes labialis can be treated orally with acyclovir 400 mg three times a day for 10 days, famciclovir 250 mg three times a day for 10 days, or valacyclovir 1 g twice a day for 10 days. Recurrent orolabial herpes can be treated with penciclovir 1% cream applied every 2 hours for 4 days, famciclovir 1.5 g (one dose) orally, or valacyclovir 2 g orally twice a day for 1 day.