



Bacterial Skin Infections

What is Impetigo?

- Impetigo is a superficial bacterial infection of the skin.
- The most common bacteria causing impetigo is Staphylococcus aureus, or "Staph aureus". Less commonly, it can be caused by another bacteria, Streptococcus.
- Impetigo is common in young children but can also affect people of other ages, especially those with skin that is damaged by cuts, insect bites, or eczema.
- The bacteria can spread by skin-to-skin contact or by touching contaminated surfaces such as towels and clothes.



Fig. 1. Impetigo on child's limb

How does impetigo present?

- Impetigo causes the affected skin to be red, itchy, and sometimes painful.
- Children are otherwise generally well and do not have fever.
- Impetigo can occur anywhere on the skin, but most commonly affects the face, especially around the nose and mouth, and on the limbs.
- It begins as small pus-filled blisters that break easily to become patches with golden yellow crusts and surrounding scales.

- When treated appropriately, impetigo heals over a few days without leaving scars, although there may be temporary redness and darker pigmentation that may take weeks or months to resolve.

How is impetigo diagnosed?

- Impetigo is diagnosed by the typical appearance and symptoms.
- A skin swab from the affected area may be taken to identify the bacteria.
- If the infection recurs, a swab from your child's nose to test for the presence of "Staph aureus" may be indicated.

How is impetigo treated?

Treatment depends on the severity and extent of the infection and may include:

- Antibacterial body wash or soap.
- Soaks with potassium permanganate (PP) or normal saline.
- Antibiotic cream two to three times a day for seven to ten days or until the lesions resolve.
- A course of oral antibiotics for seven to ten days

If the infection recurs, and "Staph aureus" is found in the nose swab, the doctor may prescribe topical antibiotics to be applied into the nose, and antibacterial soap. **It is important to follow the instructions given by the doctor.**

How to reduce the spread of impetigo?

The following measures will be helpful to reduce the spread of skin infections:

- Keep fingernails clean and short to avoid scratching and breaking the skin.

- Avoid touching the infected areas and prevent others from touching them too.
- Wash hands after touching affected area.
- Wash hands before and after applying creams or ointments to the affected area.
- Do not share towels or personal items until the infected area is completely healed.
- Do not let your child return to school or childcare facilities until the lesions are dried and healed.

What is erysipelas/cellulitis?

- Erysipelas and cellulitis are bacterial infections affecting deeper layers of skin.
- The most common bacteria causing erysipelas or cellulitis is Streptococcus, but other bacteria may be involved, including Staphylococcus aureus.
- Compared to impetigo, erysipelas and cellulitis are not as contagious.
- Erysipelas or cellulitis usually occurs through breaks in the skin e.g. cuts, insect bites or eczema.

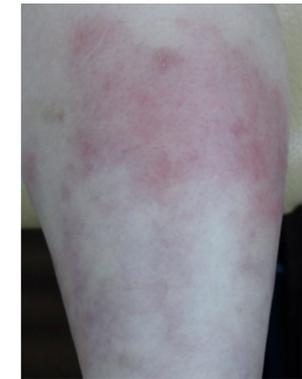


Fig. 2. Erysipelas/Cellulitis

How does erysipelas/cellulitis present?

- Erysipelas or cellulitis presents with pain, swelling, warmth, redness and sometimes blistering over the affected skin, usually over the arms or legs.

- There may be fever, shivers, and general discomfort.
- The lymph glands nearest the infection may be swollen and painful.
- In severe cases, complications can occur, like blood infection (sepsis), deeper infections to muscle, bone and joints, and meningitis (brain infection).
- Rarely, kidney damage (glomerulonephritis) can occur with streptococcal infection. This can occur up to three weeks after the skin infection, and presents with cloudy or blood tinged urine, increased facial puffiness and swelling on the legs.

See the doctor immediately if this occurs.

How is erysipelas/cellulitis diagnosed?

- Erysipelas and cellulitis are diagnosed by the typical appearance and symptoms.
- A skin swab may be done to identify the bacteria if there is broken skin.
- Blood tests may be required to monitor for complications e.g. blood infection.

How is erysipelas/cellulitis treated?

- Treatment depends upon the severity of the infection.
- For milder infections, a course of oral antibiotics for one to two weeks may be prescribed. It is important that the course of antibiotics is completed.
- If the infection is not improving with oral medications, or if the infection becomes more severe, your child may be admitted to the hospital for a few days for antibiotic injections to be administered. These injections are given directly into the vein (intravenous or IV) through a plastic tube (cannula).

- Other treatment measures that may include:
 - Rest and elevate the affected area
 - Soaks with potassium permanganate (PP) or normal saline
 - Pain-relief medications e.g. paracetamol

What is a boil/abscess?

- A boil or abscess is a bacterial infection of the deeper part of the hair follicle within the skin.
- It is most often caused by Staphylococcus aureus.
- It is more common in older children or teenagers.



Fig. 3. Boil/abscess on skin

How do boils/abscesses present?

- Boils begin as a small, itchy, and sometimes painful bump that develops into a bigger red lump under the skin surface.
- Occasionally, pus may be released from the boil.
- Fever and body aches may be present.
- Boils can occur anywhere on the body but is more common over sites with more hair.

How are boils/abscesses diagnosed?

- Boils/abscesses are diagnosed by the typical appearance and symptoms.
- A skin swab may be done to identify the bacteria if pus is present.
- Blood tests may be required to monitor for complications e.g. blood infection.

How are boils/abscesses treated?

- Treatment depends upon the severity of the infection.
- For milder infections, a course of oral antibiotics for one to two weeks may be prescribed. It is important that the course of antibiotics is completed.
- If the infection is not improving with oral medications, or if pus is expressed from the boil, a minor operation to “open up” the boil may be performed by the doctor (incision and drainage).
- After the minor operation, the opened wound will require daily dressing until it heals up in one to two weeks.
- For more severe cases, your child may be admitted to the hospital for a few days for antibiotic injections to be administered. These injections are given directly into the vein (intravenous or IV) through a plastic tube (cannula).

Useful telephone number

Central Appointments

6294-4050



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