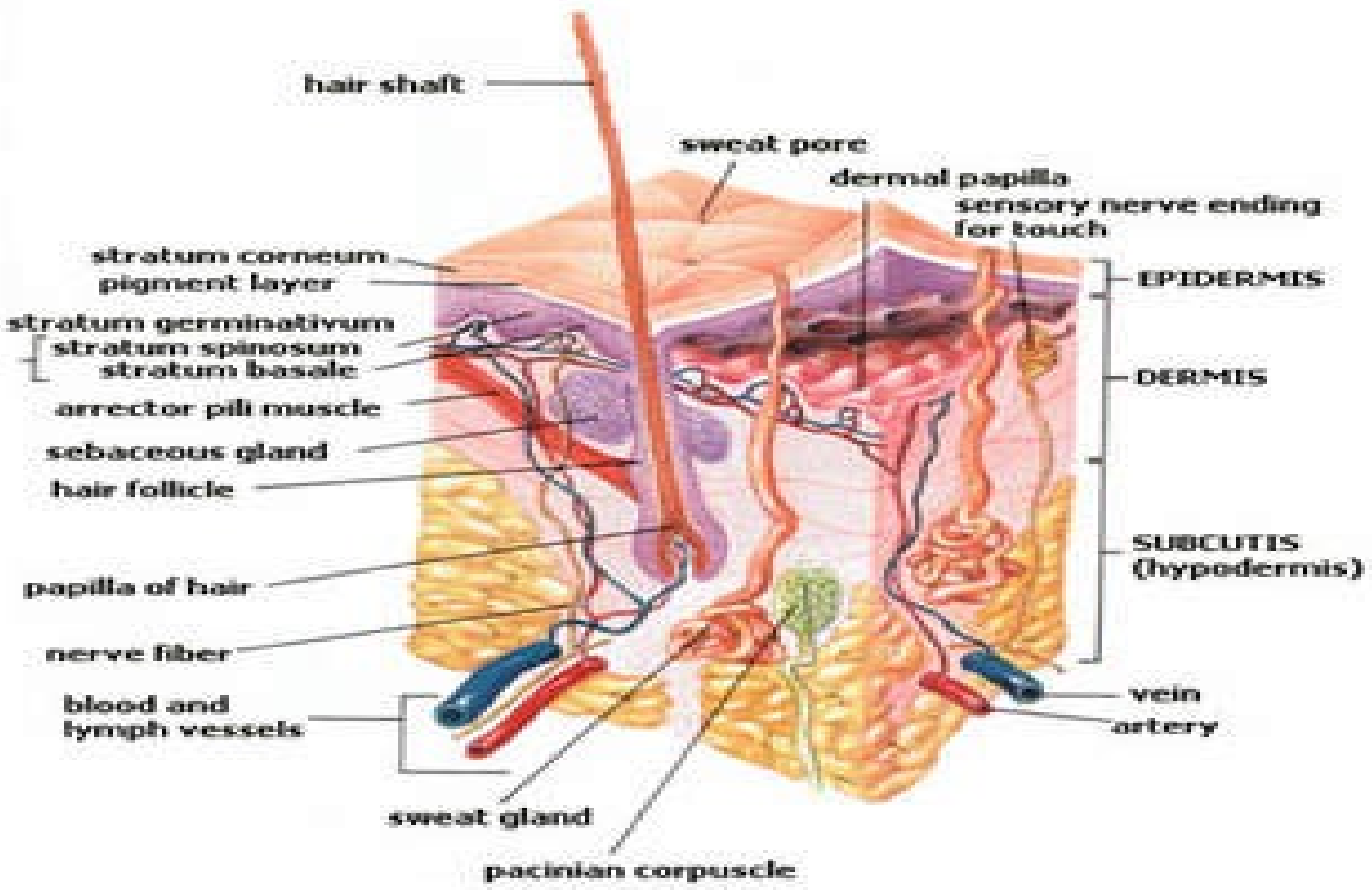
Disorder of dermatology



Impetigo

- **Definition:** Impetigo is a bacterial skin infection. It causes red sores that can break open, ooze fluid, and develop a yellow-brown crust. These sores can occur anywhere on the body but most often appear around the mouth and nose or Impetigo is a highly contagious bacterial skin infection causing blisters and sores. Impetigo mainly affects children, often on the face, especially around the nose and mouth, and sometimes on the arms or legs.

impetigo



- **Etiology:** Impetigo is caused by one of two kinds of bacteria- streptococcus or staphylococcus. Often these bacteria enter the body when the skin has already been irritated or injured because of other skin problems such as eczema.
- Impetigo is more likely to infect children ages 2–5, especially those that attend school or day care

Conti..

- The incubation period is 1–3 days after exposure to *Streptococcus* and 4–10 days for *Staphylococcus*

TYPES OF impetigo :

- The two types of impetigo are bullous impetigo and non-bullous impetigo.

1.Bullous impetigo causes large fluid-filled blisters that are painless.

2.Non-bullous impetigo is the more contagious form of the condition causing sores that burst leaving a yellow-brown crust.

Clinical manifestation

- A small patch of blisters that after a few hours break into red, moist areas that ooze or weep fluid; appears mainly on the face, but also on exposed areas of the arms and legs.
- The infection may continue to spread at the edges of the affected area or affect other skin areas.

investigation

- History collection
- Physical examination
- Blood culture test to rule out bacterial infection.
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Treatment :

- Antibiotics, either as a cream or by mouth, are usually prescribed. Mild cases may be treated with mupirocin ointments. In 95% of cases, a single 7-day antibiotic course results in resolution in children.
- Oral antibiotics, such as dicloxacillin, flucloxacillin, or erythromycin. Alternatively, amoxicillin.

Prevention

- To prevent the spread of impetigo the skin and any open wounds should be kept clean and covered.
- Care should be taken to keep fluids from an infected person away from the skin of a non-infected person.
- Washing hands, linens, and affected areas will lower the likelihood of contact with infected fluids.

Opthalmia neonatorum

- **Neonatal conjunctivitis** is a form of conjunctivitis (inflammation of the outer eye) which affects newborn babies following birth. It is typically due to neonatal bacterial infection, although can also be non-infectious (e.g. chemical exposure.

Etiology

- Chemical irritants such as silver nitrate can cause chemical conjunctivitis.
- The two most common infectious causes of neonatal conjunctivitis are *N. gonorrheae* and *Chlamydia,* typically acquired from the birth canal during delivery.
- bacteria and viruses can be the cause, including herpes simplex virus (HSV 2), *Staphylococcus aureus*, *Streptococcus pyogenes*, and *Streptococcus pneumoniae*.

Clinical manifestation

- Pain and tenderness in the eyeball
- Conjunctival discharge: purulent, mucoid or mucopurulent (depending on the cause)
- Conjunctival hyperaemia and chemosis, usually also with swelling of the eyelids
- Corneal involvement (rare) may occur in herpes simplex ophthalmia neonatorum

Treatment

- Antenatal measures include thorough care of mother and treatment of genital infections when suspected.
- Intranatal measures are of utmost importance, as most infection occurs during childbirth. Deliveries should be conducted under hygienic conditions taking all aseptic measures.
- Use of 1% tetracycline ointment, 0.5% erythromycin ointment, or 1% silver nitrate solution into the eyes of babies immediately after birth.

Conti….

- Single injection of ceftriaxone IM or IV should be given to infants born to mothers with untreated gonococcal infection.
- **prevention**
- Antibiotic ointment is typically applied to the newborn's eyes within 1 hour of birth as prevention against gonococcal ophthalmia.

Otitis media

- Definition: otitis media is a painful type of ear infection. It occurs when the area behind the eardrum called the middle ear becomes inflamed and infected.

Etiology

- The eustachian tube is the tube that runs from the middle of the ear to the back of the throat.
- The eustachian tube can become swollen or blocked for several reasons:
- allergies
- a cold
- the flu
- a sinus infection
- infected or enlarged adenoids
- cigarette smoke
- drinking while laying down (in infants)

Clinical manifestation

- crying
- irritability
- sleeplessness
- pulling on the ears
- ear pain
- a headache
- neck pain
- a feeling of fullness in the ear
- fluid drainage from the ear
- a fever
- vomiting
- diarrhea
- irritability
- a lack of balance
- hearing loss

Diagnostic evaluation

- uses an instrument called an **otoscope** to look into your child's ear and detect:
- During a tympanometry test, your child's doctor uses a small instrument to measure the air pressure in your child's ear and determine if the eardrum is ruptured.
- Hearing test

Treatment

- Applying a warm, moist washcloth over the infected ear
- Using ciplox or zentamycin ear drops for pain relief
- Taking diclofenac sodium tablet.
- Antibiotics, amoxycillin tablet 5 to 10 days

Conti…

- **Surgical therapy**
- **Adenoid removal**
- Child may recommend that your child’s adenoids be surgically removed if they’re enlarged or infected and your child has recurrent ear infections.

prevention

- wash hands and toys frequently to reduce your chances of getting a cold or other respiratory infection
- get seasonal flu shots and pneumococcal vaccines
- breastfeed infants instead of bottle feeding them if possible

Nursing management

- Provide proper care to child
- Maintain hygienic to child
- Explain them take proper medication
- Avoid dust, infection person
- Explain them about follow-up

Nursing management

- Increase comfort of child, provide comfort device.provide pain medication.
- Prevent avoidable injury
- Prevent complication of immobility
- Decrease anxiety of parents and child, distract mind of child.
- Checking vital signs of child
- Provide active and passive exercise
- Provide nutritious, calcium diet.

- **Thank you!!**