

Cutaneous infections that manifest in petechial, hemorrhagic, ulcerative, and necrotic lesions

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Pseudomonas aeruginosa is the leading cause of infective endocarditis in patients with native valves

Choice	Correct answer	Attempt answer
True		
False	<input checked="" type="radio"/>	

Candida albicans is the predominant pathogen in HACEK-related infective endocarditis

Choice	Correct answer	Attempt answer
True		
False	<input checked="" type="radio"/>	<input checked="" type="radio"/>

es of

Conditions and causes of infectious endocarditis

- Native heart valve: **Viridans Streptococci**, **Staphylococcus aureus**, **Gram-negative bacilli**, and the **HACEK** group.
- Prosthetic heart valve: **Staphylococcus aureus**, **Coagulase negative Staphylococci**, **Viridans Streptococci**, **Gram-negative aerobic bacilli**, fungi.
- Drug users: **Staphylococcus aureus**, **Gram-negative bacilli** **Pseudomonas aeruginosa** (the most common gram-negative bacillus causing IE), **Viridans Streptococci**, **Enterococcus**, **Candida albicans**.

Staphylococcus aureus is common in both IV drug users and prosthetic valve endocarditis

Choice	Correct answer	Attempt answer
True	<input checked="" type="radio"/>	<input checked="" type="radio"/>
False		

Viridans streptococci are commonly isolated in infective endocarditis among IV drug users due to poor aseptic technique

Choice	Correct answer	Attempt answer
True		
False	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Conditions and causes of infectious endocarditis

- Native heart valve: ***Staphylococcus aureus***, **Gram-positive cocci**
- Prosthetic heart valve: ***Staphylococcus aureus***, **Coagulase negative *Staphylococci***, **Viridans *Streptococci***, **Gram-negative aerobic bacilli**, fungi.
- Drug users: ***Staphylococcus aureus***, **Gram-negative bacilli** ***Pseudomonas aeruginosa*** (the most common gram-negative bacillus causing IE), **Viridans *Streptococci***, ***Enterococcus***, ***Candida albicans***.

Coagulase-negative staphylococci are rarely involved in prosthetic valve infections

Choice

Correct answer

Attempt answer

CUS

True

False



Coagulase-negative staphylococci are rarely involved in prosthetic valve infections

Choice

Correct answer

Attempt answer



True

False



Dermatologic manifestations of infective endocarditis

Janeway lesions are painful due to immune complex deposition in the dermis



Choice	Correct answer	Attempt answer
True		
False	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

lves characterized by the valves. The septic n and lodge in small vessels

and cause **petechial skin lesions associated with the disease.**

- Petechiae, splinter hemorrhages can occur.
- **Splinter hemorrhages** under the fingernails and toenails.

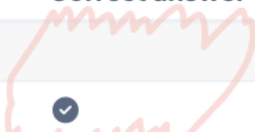



Osler nodes typically present as linear streaks under the nails

Choice	Correct answer	Attempt answer
True		
False	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- **Janeway lesions** are small erythematous **painless macules**, plaques, or palpable purpura, and are usually observed on the palms and soles.
- **Osler nodes** are erythematous tender nodules 2–15 mm in diameter and are usually located on the pads of fingers and toes.

Dermatologic manifestations of infective endocarditis

- Endocarditis is an infection of the heart valves characterized by vegetations that develop on the surface of the valves. The septic emboli are transported by the bloodstream and lodge in small vessels and cause **petechial skin lesions associated with the disease**.
- Petechiae, splinter hemorrhages, Janeway lesions, and Osler nodes can occur.
- **Splinter hemorrhages** are linear red-to-brown streaks that appear under the fingernails and toenails.
- **Janeway lesions** are small, painless, erythematous macules or palpable purpura.
- **Osler nodes** are painful, erythematous nodules, usually located on the tips of the fingers and toes.

Splinter hemorrhages are due to trauma and unrelated to endocarditis		
Choice	Correct answer	Attempt answer
True		
False		

Dermatologic manifestations of infective endocarditis

- Endocarditis is an infection of the heart valves characterized by vegetations that develop on the surface of the valves. The septic emboli are transported by the bloodstream and lodge in small vessels and cause **petechial skin lesions associated with the disease**.
- Petechiae, splinter hemorrhages, Janeway lesions, and Osler nodes can occur.
- **Splinter hemorrhages** are small, red, pinpoint lesions that appear under the fingernails.
- **Janeway lesions** are small erythematous painless macules, plaques, or palpable purpura, and are usually observed on the palms and soles.
- **Osler nodes** are erythematous tender nodules 2–15 mm in diameter and are usually located on the pads of fingers and toes.

Janeway lesions are painless vascular lesions caused by septic emboli

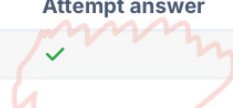
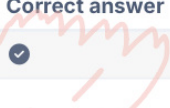
Choice

Correct answer

Attempt answer

True

False



Dermatologic manifestations of infective endocarditis

- Endocarditis is an infection of the heart valves characterized by vegetations that develop on the surface of the valves. The septic emboli are transported by the bloodstream and lodge in small vessels and cause **petechial skin lesions associated with the disease**.
- Petechiae, splinter hemorrhages, and Osler nodes can occur.
- **Splinter hemorrhages** are small, narrow, red-brown streaks under the fingernails.
- **Janeway lesions** are small erythematous painless macules, plaques, or palpable purpura, and are usually observed on the palms and soles.
- **Osler nodes** are erythematous tender nodules 2–15 mm in diameter and are usually located on the pads of fingers and toes.



Impetigo and Ecthyma

Bullous impetigo leaves deep ulcers that require surgical debridement

Choice

Correct answer

Attempt answer

True

False



- Bullous impetigo presents with large superficial fragile bullae on the trunk and the extremities.
- Only ruptured bullae usually are seen at the time of presentation.
- Other manifestations frequently seen in patients with bullous impetigo are fever, diarrhea, and generalized weakness. These manifestations usually are not seen in patients with non-bullous impetigo.
- Regional lymphadenopathy is uncommon in this form of impetigo.

Impetigo causes deeper tissue necrosis, resulting in ulceration and scarring

Choice	Correct answer	Attempt answer
True	<input checked="" type="checkbox"/>	<input type="checkbox"/>
False	<input type="checkbox"/>	<input checked="" type="checkbox"/>

– Skin Manifestations

- Ecthyma is an ulcerative form of impetigo that extends deeper into the dermis. It begins as a vesicle or pustule overlying an inflamed area of skin that deepens into a dermal ulcer.
- The crust is gray-yellow and is thicker than that of impetigo.
- When the crust is removed, a shallow punched-out ulcer with a raised surrounding margin can be seen. Lesions are painful; the patient also may develop regional lymphadenopathy.
- Secondary lymphangitis and cellulitis can occur.
- Ecthyma heals slowly and, unlike impetigo, usually results in scarring.

Ecthyma heals slowly and often results in scarring due to dermal involvement

Choice	Correct answer	Attempt answer
True	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
False	<input type="checkbox"/>	<input type="checkbox"/>

↳ impetigo doesn't cause scarring.

Impetigo and Ecthyma – Treatment and Prevention

- Impetigo can be treated by cleaning the wound with gentle abrasion.
- Topical treatment with mupirocin is adequate for single lesions or small areas of involvement.
- Systemic antibiotics (e.g., cephalexin, erythromycin, dicloxacillin) are indicated for extensive involvement. Treatment of ecthyma by applying antibiotic ointment daily.
- To prevent spread of im the lesions. Good hygiene linens, towels, and clot

Topical mupirocin is appropriate topical treatment for a patient with a limited area of impetigo involving only a few lesions

Choice

Correct answer

Attempt answer

True



False

Burn and Wound Infections - Diagnosis

- The wound or burn site should be sampled and cultured to determine the specific organism that is the cause of the infection.
- In *P. aeruginosa* infections, there may be a foul-smelling green-pigmented discharge, and necrosis may be evident (ecthyma gangrenosum).
- *S. aureus* causes an insidious tissue-degrading infection that can eventually enter the bloodstream.
- *S. pyogenes* infection can result in rapid tissue degradation with severe toxicity.

Pseudomonas aeruginosa is most commonly associated with green, foul-smelling discharge and necrotic tissue in burn wound infections

Choice	Correct answer	Attempt answer
True	<input checked="" type="radio"/>	<input checked="" type="radio"/>
False	<input type="radio"/>	<input type="radio"/>