10)	Becomes vesicular Ruptures easily, leaving superficial, moist erosion Tends to spread peripherally in sharply marginated irregular outlines Exudate dries to form heavy, honey-colored crusts Pruritus common Systemic effects: Minimal or asymptomatic	mupirocin or triple antibiotic ointment Oral or parenteral antibiotics (penicillin) in cases of severe or extensive lesions Vancomycin for methicillinresistant Staphylococcus aureus (MRSA) Retapamulin 1% ointment, applied twice daily for 5 days	secondary infection occurs Autoinoculable and contagious Very common in toddlers, preschoolers May be superimposed on eczema
Pyoderma: Staphylococci, streptococci	Deeper extension of infection into dermis Tissue reaction more severe Systemic effects: Fever, lymphangitis, sepsis, liver disease, heart disease	Soap and water cleansing Topical antiseptic, such as chlorhexidine Mupirocin Antibiotics depending on causative organism: Cephalexin, nafcillin, intramuscular (IM) benzathine penicillin Bathing with antibacterial soap as prescribed	Autoinoculable and contagious May heal with or without scarring
Folliculitis (pimple), furuncle (boil), carbuncle (multiple boils): Staphylococcus aureus, methicillinresistant S. aureus (MRSA)	Folliculitis: Infection of hair follicle Furuncle: Larger lesion with more redness and swelling at a single follicle Carbuncle: More extensive lesion with widespread inflammation and "pointing" at several follicular orifices Systemic effects: Malaise, if severe	Skin cleanliness Local warm, moist compresses Topical antibiotic agents Systemic antibiotics in severe cases Incision and drainage of severe lesions, followed by wound irrigations with antibiotics or suitable drain implantation MRSA infections: • 5-inch soak of cup bleach diluted in a standard 50-gallon tub one fourth filled with water once or twice	Autoinoculable and contagious Furuncle and carbuncle tend to heal with scar formation Lesion should never be squeezed