

under the nails, dressing children in one-piece sleeping outfits, and daily showering rather than tub bathing. Inform families that recurrence is common. Treat repeated infections in the same manner as the first one.

## Infections of the Skin

### Bacterial Infections

Normally, the skin harbors a variety of bacterial flora, including the major pathogenic varieties of staphylococci and streptococci. The degree of their pathogenicity depends on the invasiveness and toxigenicity of the specific organism, the integrity of the skin (the host's barrier), and the host's immune and cellular defenses. Children with congenital or acquired immune disorders (such as acquired immunodeficiency syndrome [AIDS]), children in a debilitated condition, those receiving immunosuppressive therapy, and those with a generalized malignancy (such as, leukemia or lymphoma) are at risk for developing bacterial infections.

Because of the characteristic “walling-off” process of the inflammatory reaction (abscess formation), staphylococci are more difficult to treat, and the local infected area is associated with an increase in bacteria all over the skin surface that serves as a source of continuing infection. In previous years, MRSA infections were primarily seen in nursing homes and hospitals. In the last decade, the number of MRSA community-acquired infections has risen dramatically ([Alter, Vidwan, Sobande, et al, 2011](#)). All of these factors underline the importance of careful hand washing and cleanliness when caring for infected children and their lesions to prevent the spread of infection and as an essential prophylactic measure when caring for infants and small children. Common bacterial skin disorders are outlined in [Table 6-3](#).

**TABLE 6-3**  
**Bacterial Infections**

Disorder and Organism	Manifestations	Management	Comments
Impetigo contagiosa: Staphylococci ( <a href="#">Fig. 6-</a>	Begins as a reddish macule	Topical bactericidal ointment	Tends to heal without scarring unless