

IMPETIGO

Impetigo is an infection of the upper layers of the skin, and usually stays so shallow that it doesn't leave a scar. The bacteria that can normally reside on top of the skin (*staph aureus* or *streptococcus*), get under the skin. This is most common in young children whose fingernails are so tiny and sharp, but adults can get this too. Sometimes an insect bite can start it. The lesions are typically painless fluid-filled blisters that quickly rupture, ooze for a few days and then form a honey-colored crust. Usually no fever is present and lesions are easily spread by scratching.



Recently we have found that staph bacteria produce a toxin that causes impetigo to spread to nearby skin. The toxin attacks a protein that helps bind skin cells together. Once this protein is damaged, bacteria can spread quickly. So on one hand this disease is really just bacteria under the skin that should be on top of the skin, but on the other hand, the strain causing this may be more invasive than ones that normally exist in harmony with you on top of the skin. Another key to cure may be treating our nose which may be the primary home of the toxin-producing staph.

Topical creams and ointments that you can get without a prescription in the drug store are may be helpful in impetigo. A prescription topical ointment called *Bactroban* (mupirocin) works in smaller areas as well as the nostrils. But if it is in several different parts of the body, or if the lesions keep spreading, oral antibiotics will be needed.

Whether you get mupirocin or oral antibiotics, good cleaning of the lesions with soap and water is important. If it's really itchy or oozing a lot, ask the pharmacist for Burrow's (Domeboro) solution. It is an astringent which draws away some of the drainage. You don't need a prescription for Domeboro. Mix up a solution with water and get a washcloth sopping-wet with the solution and then leave it on the lesions for 10 minutes or so. Then rinse it off. Do this at least three times per day.

Antibiotics by mouth should be taken as directed for at least five days. If a fever develops, or if warmth, swelling or redness begins to spread, call us, as we may need to switch the antibiotics. MRSA is a bacterium (*staph aureus*) that is resistant to typical antibiotics we use, so we need to find out quickly and switch the antibiotic. MRSA is not resistant to mupirocin yet, fortunately.

Is this contagious? Even though these bacteria normally live on top of our skin all the time, once a strain develops it's ability to get under the skin, it seems to become very contagious. Kids in close contact with other kids can scratch the lesions (which do itch a little) and then scratch another kid. So keep your child out of daycare or school till the lesions aren't oozing.

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