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EYELID IMPETIGO:

CASE REPORT

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INTRODUCTION:

Impetigo is a highly contagious bacterial skin infection affecting children worldwide. The infection usually begins with an outbreak of vesicular lesions on the arms and legs and on occasion they are seen around the nose, mouth and scalp. We report an unusual case of impetigo in a children who presented crusting, vesiculobullous skin lesion in the left eyelids.

CASE REPORT:

7-year old woman present with a lesion in left eyelids. It began a week earlier as an erythematous macule that soon becomes vesicular that rupture, ooze, and lead to the layer of crusting (fig 1). Satellite lesion was observed around the nose (fig 2). The remainder of the ocular examination was normal. General physical examination revealed two crusting, vesiculobullous skin lesions in his arms (fig 3). Treatment was initiated with oral and topical antibiotics and symptomatic care. The patient responded well to the treatment.

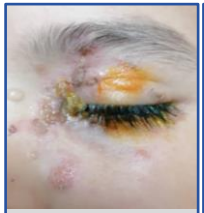

fig1: Round blisters and erosions, many of which are crusted.

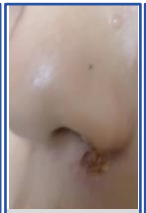

Fig2: Lesion satellite around the nose

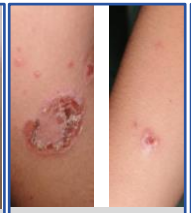

Fig 3 : other lesions in the arms

Fig 4 : clinical improvement after two days of treatment

DISCUSSION :

Impetigo is a common localized crusting, vesiculobullous skin lesion. It is caused by Gram-positive bacteria: Staphylococcus aureus, Streptococcus pyogenes or both. Susceptibility to these infections depends on host immune factors, as well as virulence of the organism.

It is most likely to occur under conditions of crowding, poor hygiene, and hot, humid climate, and it can spread rapidly between members of a household, school.

The diagnosis impetigo is nearly always clinical based on the symptoms and the clinical manifestations. Impetigo can be divided on clinical and bacteriological grounds into basic forms: Impetigo non-bullous (contagiosa)and bullous based on the presence or lack large blisters, called bullae. Both forms involve only the most superficial layers of the skin.

Non-bullous impetigo is the most common form of impetigo. The initial lesion is a thin-walled vesicle.

It then leaves superficial erosion covered with yellowish-brown or honey-coloured crusts. The lesions may cause mild soreness an itching, but are typically painless . Impetigo can occur as a primary infection or secondary to pre-existing skin conditions, such as eczema or scabies. The most frequently affected areas are the face and limbs. When impetigo non bullous occurs around of the eye especially in the eyelids, a careful examination of the anterior segment of the eye is necessary. Although the nonbullous impetigo is a dermatological disease may be associated with conjunctivitis and rarely with corneal abces. Topical antibiotics alone or in conjunction with systemic antibiotics are used to treat impetigo. Antibiotic coverage should cover both S aureus and S pyogenes (i.e. GABHS). While untreated impetigo is often self-limiting, antibiotics decrease the duration of illness and spread of lesions. In addition, antibiotic treatment decreases the chances of complications involving kidneys, joints, bones, and lungs, as well as acute rheumatic fever. For localized, uncomplicated, non-bullous impetigo, topical therapy alone is the treatment of choice. Systemic antibiotics should be prescribed for all cases of bullous impetigo and cases of non-bullous impetigo with more than five lesions, deep tissue involvement, systemic signs of infection, lymphadenopathy or lesions in the oral cavity. Most cases resolve without sequelae in 2 to 3 weeks. Complications of impetigo include cellulitis, lymphangitis, supurative lymphadenitis, nephritis and sepsis. The differential diagnosis of non bullous impetigo should include herpes simplex viral infections, herpes zoster, candidiasis, atopic contact dermatitis, seborrheic dermatitis, insect bites, varicella, scabies and burns thermal.

CONCLUSION :

The case is reported in view of its unusual location. physicians should be familiar with this entity of impetigo and consider it in the differential diagnosis of the spectrum of the vesicobullous disorders in the eyelid.