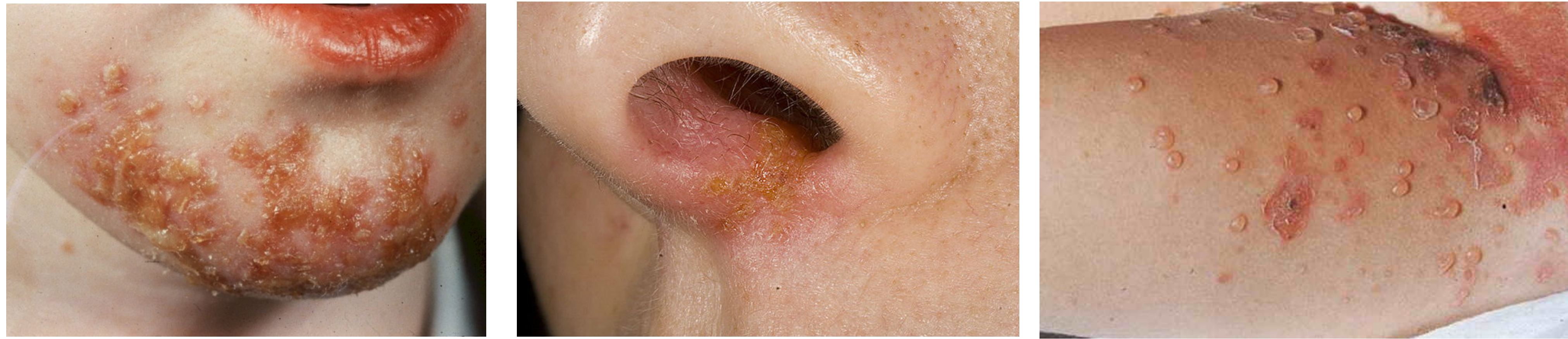
Impetigo

Disclaimer:
Read the disclaimer at medimaps.co.uk/disclaimer

References:
1. cks.nice.org.uk
2. GP Update
3. PCDS.org.uk
4. Dermatology consultant, Walsall Alliance Federation, 2016
5. Dermatology consultant, Walsall Alliance Federation, Mar 2018

Images from primary care dermatology website pcds.org.uk



Investigations

- Impetigo will be golden crust compared to cold sore.
- Swab for bacteria if your not sure.
- Will pick up staph if impetigo.
- Will know impetigo if better after 4 days of treatment.

Management

- Contagious.
  - Avoid school until lesions crusted over OR 48 hrs after Abx started

- Abx treatment
  - 1st line:
    Hydrogen peroxide (Crystacide cream) BD-TDS for up to 3/52

    2nd line:
    Mupirocin 2% (Bactroban ointment) - TDS for up to 10/7
  - Avoid fucidic acid (Fucidin) as 4/5 cases will not work due to resistance
  - if widespread or severe:
    - 1st line:
      - Flucloxacillin

      2nd line:
      - Clarithromycin.

- If lots of crust.
  - wash with Dermol 500

- If recurrent or persistent.
  - Mupirocin 2% nasal ointment (Bactroban nasal) BD for 5/7.
  - Wash daily with dermol.
  - Consider up to 6/52 course of oral Abx.
  - Identify and treat other carrier who might be re-infecting.

- Take nasal swabs from household members who may be carriers and accidentaly re-infecting the patient.
- If positive, treat with Mupirocin 2% nasal ointment (Bactroban nasal) BD for 5/7

The nose is one of the most common sites of carriage for Staphylococcus aureus, so treatment of recurrent cases should include the application of nasal mupirocin up both nostrils BD for 5/7.
Wash daily with antibacterial emollient, eg the Dermol range, or anti-septic, eg chlorhexidine
Consider a prolonged course of oral antibiotics for up to 6/52.
Identify and treat other carriers and possible sources of re-infection - it may be useful to take nasal swabs from other household contacts even if they do not have any cutaneous symptoms.