

ECTHYMA

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ETIOLOGY

- *Pseudomonas*
- *Streptococcus pyogenes*
- *Staphylococcus aureus*

PREDISPOSING FACTOR

- High temperature and humidity
- Crowded living conditions
- Poor hygiene
- previously sustained tissue injury (e.g. excoriations, insect bites, dermatitis)
- immunocompromised (e.g., diabetes, neutropenia, HIV infection)

PATHOPHYSIOLOGY

- Ecthyma is similarly to superficial impetigo
- Difference - impetigo the erosion at the stratum corneum
in ecthyma the ulcer is full thickness and thus heals with scarring.

Ecthyma

Vesicle or vesicopustule

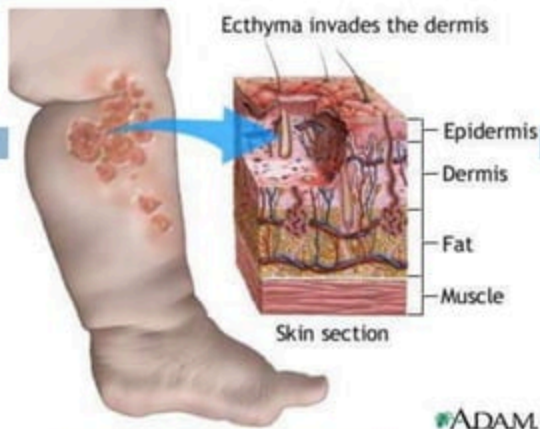
Enlarge and becomes thickly crusted

Remove crust

**Superficial, saucer-shaped ulcer with raw base
and elevated edges**

Healing and scar formation (rarely: gangrene)

- ***Ecthyma (ulcerative impetigo)***: adherent crusts, beneath which purulent irregular ulcers occur. Healing occurs after few wks, with scarring.





- **Site:** more on distal extremities (thighs & legs).



TREATMENT

- Cleansing with soap and water
Application of Mupirocin or Bacitracin ointment twice a day
- Oral Dicloxacillin or first-generation Cephalosporin
- Proper hygiene and nutrition