



Baktériumok és vírusok okozta kórképek



Patomechanizmus

- Mikrobák direkt hatása
- Antigén-antitest kölcsönhatáson alapuló mechanizmus



NONINFECTIOUS DISORDERS

Dissecting cellulitis of the scalp (perifolliculitis capitis abscedens et suffodiens)

Acne conglobata

Hydradenitis suppurativa

Acute allergic contact dermatitis (e.g., to poison ivy or poison oak)

Erythema nodosum

Eosinophilic cellulitis

Giant urticaria and angioedema

Fixed drug eruption

Deep venous thrombosis and lipodermatosclerosis

Vasculitis such as polyarteritis nodosa

Familial Mediterranean fever

Inflammatory breast carcinoma (carcinoma erysipeloides)

INFECTIOUS DISORDERS

Osteomyelitis of the maxillary or frontal bones secondary to paranasal sinusitis

Extension of subperiosteal infection from long bone osteomyelitis

Erythema migrans

Erythema infectiosum (human parvovirus B19 infection with “slapped check”)

Early prevesicular herpes zoster



TYPE OF INFECTION	MOST COMMON CAUSE(S)	UNCOMMON CAUSES
I. Erysipelas	Group A streptococcus	Group B, C, and G streptococcus <i>S. aureus</i>
II. Cellulitis	<i>S. aureus</i> Group A streptococcus	Group B, C, and G streptococcus <i>Streptococcus</i> <i>iniae</i> <i>Pneumococcus</i> <i>H. influenzae</i> (nonimmunized infants) <i>E. coli</i> , <i>Proteus</i> , other Enterobacteriaceae <i>Campylobacter jejuni</i> <i>Moraxella</i> <i>Cryptococcus neoformans</i> <i>Legionella pneumophila</i> , <i>L. micdadei</i> <i>Bacillus anthracis</i> (anthrax) <i>Aeromonas hydrophila</i> <i>Erysipelothrix rhusiopathiae</i> <i>Vibrio vulnificus</i> , <i>V. alginolyticus</i> , <i>V. cholerae</i> non-O1 Group B streptococcus (neonates)
III. Cellulitis in children	<i>S. aureus</i> Group A streptococcus	<i>H. influenzae</i> (nonimmunized infants)
A. Facial/periorbital cellulitis	<i>S. aureus</i> ; Group A streptococcus	<i>Neisseria meningitidis</i>
B. Perianal cellulitis	Group A streptococcus	<i>S. aureus</i>
IV. Cellulitis secondary to bacteremia	<i>Pseudomonas aeruginosa</i>	<i>V. vulnificus</i> <i>Streptococcus pneumoniae</i> Group A, B, C, and G streptococcus
V. Crepitant cellulitis	Histotoxic <i>Clostridia</i> species (<i>C. perfringens</i> , <i>C. septicum</i> etc)	<i>Bacteroides</i> spp. Peptostreptococci <i>E. coli</i> , other Enterobacteriaceae
VI. Cellulitis associated with water exposure	<i>E. rhusiopathiae</i> (erysipeloid)	<i>Vibrio vulnificus</i> <i>Aeromonas hydrophila</i> <i>Mycobacterium marinum</i> (nodular lymphangitis) <i>M. fortuitum</i> complex
VII. Gangrenous cellulitis (infectious gangrene)		
A. Necrotizing fasciitis (NF)		
1. Streptococcal gangrene (Type I)	Group A streptococcus	Group B, C, G streptococcus
2. Nonstreptococcal NF (Type II)	Mixed infection usually with one or more anaerobes (<i>Peptostreptococcus</i> or <i>Bacteroides</i>) plus one or more facultative species (non-group A streptococci; members of the Enterobacteriaceae such as <i>Enterobacter</i> , <i>Proteus</i>)	
3. Synergistic necrotizing cellulitis* (necrotizing cutaneous myositis, synergistic nonclostridial anaerobic myonecrosis)	Polymicrobial with facultative and anaerobic organisms that originate in the intestine; one-third of patients have positive blood cultures, usually a coliform, <i>Bacteroides</i> , or <i>Peptostreptococcus</i>	
a. Facultative	<i>E. coli</i> , other Enterobacteriaceae	
b. Anaerobes	<i>Bacteroides</i> , <i>Peptostreptococcus</i> , <i>Clostridium</i> , <i>Fusobacterium</i>	
4. Fournier's perineal gangrene	Similar to nonstreptococcal NF (Type II)	
B. Clostridial STIs	<i>C. perfringens</i> Other histotoxic clostridial spp.	
1. Anaerobic cellulitis		
2. Myonecrosis (gas gangrene)		
3. Spontaneous, nontraumatic clostridial myonecrosis	<i>C. septicum</i> (bacteremic)	
C. Nonclostridial anaerobic cellulitis	Various <i>Bacteroides</i> spp. Peptostreptococci Peptococci	
D. Progressive bacterial synergistic gangrene (Meleney's gangrene)	Mixed bacterial infection	
1. Ulcer base	<i>S. aureus</i>	<i>Proteus</i> spp. Other gram-negative bacilli
2. Advancing margin	Microaerophilic or anaerobic streptococci	
E. Gangrenous cellulitis in the immunocompromised individual	<i>P. aeruginosa</i> (ecthyma gangrenosum) Mucoraceae (<i>Mucor</i> , <i>Rhizopus</i> , <i>Aspergillus</i>)	<i>Bacillus</i> spp. Other bacterial and fungal spp.

*Essentially the same as nonstreptococcal NF but with involvement of adjacent skeletal muscle.



Streptococcusok okozta kórképek



„Húsevő baktérium”

Necrotizing fasciitis

- Streptococcal gangrene

- Necrotizing fasciitis other than streptococcal gangrene

- Synergistic necrotizing cellulitis (necrotizing cutaneous myositis, synergistic nonclostridial anaerobic myonecrosis)

- Fournier’s gangrene

Clostridial soft tissue infections

- Anaerobic cellulitis

- Anaerobic myonecrosis (gas gangrene)

- Spontaneous, nontraumatic anaerobic myonecrosis

Progressive bacterial synergistic gangrene

- Gangrenous cellulitis in the immunosuppressed individual

- Localized areas of skin necrosis complicating conventional cellulitis



Staphylococcusok okozta kórképek



Folliculitis



Furunculus



Carbunculus



Ecthyma



SSSS

Stapylococcal Scalded Skin Syndrome

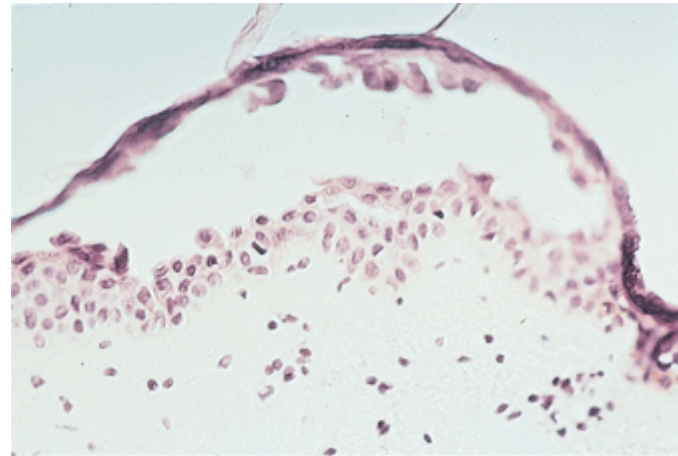
TEN vs. SSSS



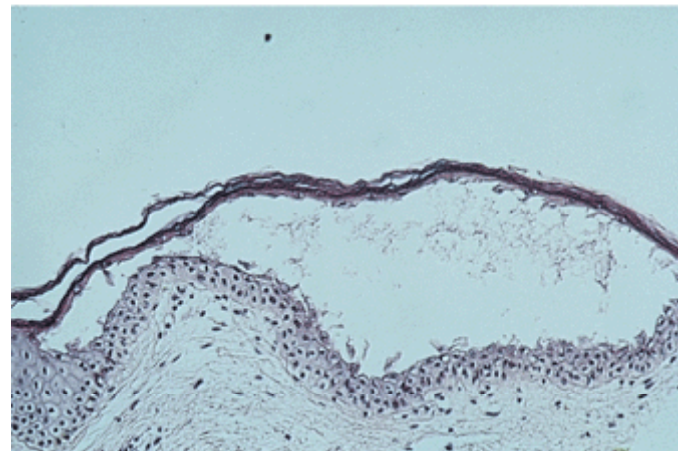
SSSS



SSSS



A.



B.



SSSS



Differenciáldiagnosztikai vizsgálatok

Rutin mikrobiológiai vizsgálatok

Antibiogram

Fágtipizálás



Gram neg. baktériumok okozta kórképek



Hot tub folliculitis

Ekthyma necrotisans





Therapia

Streptococcusok: pencillin első választás
plusz adekvát lokális kezelés

Staphylococcusok: penicillináz rezisztens penicillin
Fluorokinolonok
Erythromycin

MRSA



Vírusbetegségek

Herpes simplex
Herpes genitalis
Herpes zoster
Kéz-láb-száj betegség
Vírusos szemölcsök



Herpes simplex



Herpes genitalis



Kéz-láb-száj betegség





Herpes zoster ophthalmicus



Herpes simplex II.



Verruca vulgaris



Verruca vulgaris



HPV típusok

HPV TYPE	MOST COMMON CLINICAL LESION	LESS FREQUENT LESION	POTENTIAL ONCOGENICITY
1 2, 4, 27, 29	Deep plantar/palmar warts Common warts	Common warts Plantar, palmar, mosaic, oral, and anogenital warts	
3, 10, 28, 49 7 13, 32	Flat warts "Butchers" warts Oral focal epithelial hyperplasia	Flat warts in EV	
5, 8, 9, 12, 14, 15, 17, 19–26, 36, 47, 50	Epidermodysplasia verruciformis (EV); warts in immunosuppression	Normal skin (?)	HPV-5, -8, -9 isolated from SCCs
6, 11	Anogenital warts, cervical condylo- mata	Bowenoid papulosis; common warts; respiratory papillomatosis	Bushke-Lowenstein tumor; rare in penile, vulvar cervical, and other urogenital tumors; "low risk"
16, 18, 31, 33–35, 39–40, 51–60	Cervical condylomata; anogenital warts; Bowenoid papulosis	Common warts	Genital and cervical dysplasias and carcinomas; rare in cutaneous SCC; "high risk"

NOTE: SCC, squamous cell carcinoma.



Differenciáldiagnosztikai vizsgálatok

Vírusazonosítás

Szerológiai vizsgálat

PCR



Therapia

Herpes zoster: acyclovir iv. 3x250-500 mg

Herpes simplex: acyclovir p.o. 5x400 mg

Verruca vulgaris

5-Fluorouracil lokálisan

Podophyllin

cryotherapy

Lokális kezelés