

FOR COMMENT

Chapter 6 Skin conditions

6.01 Acne vulgaris

L70.0

Description

A skin condition caused by hormones and sebum gland hypertrophy leading to a blocking and/or infection of the follicles with *Propionibacterium acnes*.

- ranges in severity from mild with a few blackheads, to severe with nodules and cysts
- more common in adolescence but may also occur in adulthood
- distributed on face, chest and back
- severe forms are common in HIV disease and itching may be a feature

Non-drug treatment

- do not squeeze lesions
- avoid greasy cosmetics and hair spray

Drug treatment

many pustules

- benzoyl peroxide 5%, gel, apply at night
- doxycycline, oral, 100 mg daily for 3 months.

!CAUTION!

doxycycline impairs the efficacy of oral contraceptives
additional non-oestrogen measures may have to be used

Referral

- no improvement after 3 months
- development of severe complications e.g. deep pustules
- severe cases of nodular acne

6.02 Bacterial infections of the skin

6.02.1 Boil, abscess

L02.9

Description

Localised bacterial skin infection of hair follicles or dermis, usually with *S. aureus*.

- the surrounding skin becomes:
 - swollen
 - hot
 - red
 - tender to touch

FOR COMMENT

Note

Check urine for glucose if diabetes suspected or if the boils are recurrent
Boils in diabetic or immunocompromised patients require careful management.

Non-drug treatment

- encourage general hygiene
- apply local hot compresses three times daily until the boil/abscess starts draining
- drainage of abscess is the treatment of choice, with surgical incision being performed only after the lesion is mature

Drug treatment

systemic antibiotics are seldom necessary, except if there are:

- swollen lymph nodes in the area
 - fever
 - extensive surrounding cellulitis
- flucloxacillin, oral, 6 hourly for 5 days

Flucloxacillin						
Oral	6 hourly mg per kilogram per dose 12- 25					
Weight Kilograms	Dose mg	Syrup 125mg/5ml		Cap 250mg	Age Months/ys	
> 2.5 - 5	62.5	2.5ml			Birth-	3m
> 5 - 11	125	5 ml			3m-	18m
> 11 - 25	250	10 ml		1 cap	18m-	7y
> 25 -55 and over	500			2 cap	7y -15y and over	
Contraindication: known hypersensitivity to any penicillin or cephalosporin						

penicillin-allergic patients:

- erythromycin, oral, 6 hourly before meals for 5 days

Erythromycin (Otitis media, sinusitis, pneumonia, abscess, boil, staphylococcal impetigo)						
Oral	6 hourly child mg per kilogram per dose: 10- 15					
Weight Kilograms	Dose mg	Syrup 125mg/5ml	Tab 250mg	Age Mnths/ys		
> 2.5 - 3.5	35	1.4 ml		Birth	-	1m
> 3.5 - 5	50	2 ml		1m	-	3m
> 5 - 7	75	3 ml		3m	-	6m
> 7 - 9	100	4 ml		6m	-	12m

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> 9 - 11	125	5 ml		12m	18m
> 11 - 14	150	6 ml		18m	- 3y
> 14 - 17.5	200	8 ml		3y	- 5y
> 17.5 - 25	250	10 ml	1 tab	5y	- 7y
> 25 - 35	375	15 ml		7y	- 11y
> 35 - 55	500		2 tab	11y	- 15y
> 55	500		2 tab	> 15yrs	
Contraindications: Porphyria					

Referral

- no response to treatment
- progression of the condition

6.02.2 Impetigo

L01.0

Description

A common skin infection due to streptococci or staphylococci that occurs mainly in children.

- clinical features:
 - pussy sores with crusts or scabs
 - usually starts on the face
 - painful
 - spreading to neck, hands, arms and legs

Note

Check urine for blood if the sores have been present for more than a week

Non-drug treatment

- prevent infection by keeping breaks in the skin clean
- avoid insect bites
- cut finger nails
- wash and soak sores in soapy water to soften and remove crusts
- advise on the importance of washing daily
- continue with non-drug treatment until the sores are completely healed

Drug treatment

- polyvidone iodine 5%, cream, apply three times daily

FOR COMMENT

- amoxicillin, oral, 8 hourly for 5 days (low dose)

Amoxicillin (normal dose - not pneumonia, otitis media, sinusitis)						
Oral		8 hourly child mg per kilogram dose: 10- 25				
Weight Kilograms	Dose mg	Syrup 125mg/5ml	Syrup 250mg/5ml	Cap 250mg	Age Mnths/ys	
> 2 - 2.5	50	2 ml	1 ml		34w-	36w
> 2.5 - 3.5	62.5	2.5ml	1.5ml		Birth-	1m
> 3.5 - 5	75	3 ml	1.5ml		1m-	3m
> 5 - 7	125	5 ml	2.5ml		3m-	6m
> 7 - 9	150	6 ml	3 ml		6m-	12m
> 9 - 11	187.5	7.5ml	4 ml		12m	18m
> 11 - 17.5	250	10 ml	5 ml	1 cap	18m-	5y
> 17.5 - 25	375	15 ml	7.5ml	1 cap	5y-	7y
> 25 - 35	500			2 cap	7y-	11y
Contraindications: Known hypersensitivity to any penicillin or cephalosporin, infectious mononucleosis						

If no response:

Flucloxacillin						
Oral		6 hourly mg per kilogram per dose 12- 25				
Weight Kilograms	Dose mg	Syrup 125mg/5ml		Cap 250mg	Age Mnths/ys	
>2.5- 5	62.5	2.5 ml			Birth-	3m
> 5 - 11	125	5 ml			3m-	18m
> 11 - 25	250	10 ml		1 cap	18m-	11y
Contraindication: known hypersensitivity to any penicillin or cephalosporin						

FOR COMMENT

penicillin–allergic patients:

- erythromycin, oral, 6 hourly before meals for 5 days

Erythromycin (Otitis media, sinusitis, pneumonia, abscess, boil, staphylococcal impetigo)				
Oral	6 hourly		child mg per kilogram per dose: 10- 15	
Weight Kilograms	Dose mg	Syrup 125mg/5ml	Tab 250mg	Age Mnths/ys
> 2.5 - 3.5	35	1.4 ml		Birth- 1m
> 3.5 - 5	50	2 ml		1m- 3m
> 5 - 7	75	3 ml		3m- 6m
> 7 - 9	100	4 ml		6m- 12m
> 9 - 11	125	5 ml		12m 18m
> 11 - 14	150	6 ml		18m- 3y
> 14 - 17.5	200	8 ml		3y- 5y
> 17.5 - 25	250	10 ml	1 tab	5y - 7y
> 25 - 35	375	15 ml		7y- 11y
> 35 - 55	500		2 tab	11y- 15y
> 55	500		2 tab	> 15yrs
Contraindications: Porphyria				

- In patients with improvement but not complete cure, a further 5 days course of antibiotics should be given

Referral

- no improvement in 10 days
- the presence of blood on urine test strip for longer than 5-7 days
- clinical features of glomerulonephritis

FOR COMMENT

6.03 Cellulitis

L03.9

Description

Usually caused by streptococci, but also staphylococci and occasionally other organisms.

- a diffuse, spreading, acute infection within skin and soft tissues, characterised by:
 - oedema
 - increased local temperature
 - redness
 - no suppuration
- occurs commonly on the lower legs, but may occur elsewhere
- may follow minor trauma
- frequently associated with lymphangitis and regional lymph node involvement
- there may be significant systemic manifestations of infection
 - fever
 - hypotension
 - chills
 - delirium
 - tachycardia
- may present as an acute fulminant or chronic condition

Drug treatment

- flucloxacillin, oral, 6 hourly for 5-10 days (10 days for more severe infection)

Flucloxacillin						
Oral	6 hourly		mg per kilogram per dose			12- 25
Weight Kilograms	Dose mg	Syrup 125mg/5ml		Cap 250mg	Age Months/years	
> 2.5 - 5	62.5	2.5 ml			Birth-	3m
> 5 - 11	125	5 ml			3m-	18m
> 11 - 25	250	10 ml		1 cap	18m-	7y
> 25 - 55 and over	500			2 cap	7y - 15y and over	
Contraindication: known hypersensitivity to any penicillin or cephalosporin						

FOR COMMENT

penicillin–allergic patients:

- erythromycin, oral, 6 hourly before meals for 5-10 days

Erythromycin (Otitis media, sinusitis, pneumonia, abscess, boil, staphylococcal impetigo)				
Oral	6 hourly	child mg per kilogram per dose: 10- 15		
Weight Kilograms	Dose mg	Syrup 125mg/5ml	Tab 250mg	Age Mnths/ys
> 2.5 - 3.5	35	1.4 ml		Birth - 1m
> 3.5 - 5	50	2 ml		1m - 3m
> 5 - 7	75	3 ml		3m - 6m
> 7 - 9	100	4 ml		6m - 12m
> 9 - 11	125	5 ml		12m - 18m
> 11 - 14	150	6 ml		18m - 3y
> 14 - 17.5	200	8 ml		3y - 5y
> 17.5- 25	250	10 ml	1 tab	5y - 7y
> 25 - 35	375	15 ml		7y - 11y
> 35 - 55	500		2 tab	11y - 15y
> 55	500		2 tab	> 15yrs
Contraindications: Porphyria				

severe cases:

refer for parenteral antibiotics

Referral

- children when associated with significant pain, swelling or loss of function refer urgently to exclude osteomyelitis
- extensive cellulitis
- necrosis
- recurrent cellulitis associated with underlying conditions, e.g. lymphoedema
- cellulitis with systemic manifestations, e.g. confusion, hypertension
- inadequate response to initial antibiotic treatment
- poorly controlled diabetic patients

6.04 Eczema

6.04.1 Eczema, atopic

L20.9

Description

- itchy red rash or dry rough skin linked to allergy
- in babies it appears at approximately 3 months

FOR COMMENT

- a family history of asthma, hay fever or atopic dermatitis is common
- clinical features:
 - inner (flexural) surfaces of the elbows and knees, the face and creases of the neck
 - can become chronic with thickened scaly skin (lichenification)
 - secondary bacterial infection may occur with impetigo or pustules
 - can be extensive in infants
 - very itchy at night
- eczema is usually a chronic condition and requires long term care

Sufferers from atopic eczema are particularly susceptible to herpes simplex infection and may present with large areas of involvement with numerous vesicles and crusting surrounded by erythema (eczema herpeticum).

Non-drug treatment

- avoid wearing clothes made from wool
- avoid overheating by blankets at night
- cut nails short
- avoid scratching
- avoid perfumed soap

Drug treatment

- emulsifying ointment (UE), to wash or bath
- aqueous cream (UEA), applied to dry areas as a moisturiser

if no response within seven days or more severe eczema:

- hydrocortisone 1% cream, applied twice daily for 7 days
 - apply sparingly to the face
 - **do not** apply around the eyes

if there is a response:

reduce the use of the hydrocortisone cream over a few days and maintain treatment with

- aqueous cream (UEA)

if no response within seven days or more severe eczema:

- potent topical steroids, e.g. betamethasone 0.1% ointment (doctor initiated) applied twice daily for 7 days
 - **do not** apply to face, neck and flexures

if there is a response:

reduce the use of betamethasone ointment over a few days and maintain treatment with UEA cream

FOR COMMENT

for itching not controlled with topical treatment:

- chlorpheniramine, oral, 3 times daily

Chlorpheniramine					
Oral	6 to 8 hourly		mg per kilogram per dose 0.1- 0.1		
Weight Kilograms	Dose mg	Syrup 2mg/5ml	Tab 4mg	Age Mnths/ys	
> 5 - 7	0.6	1.5 ml		3m- 6m	
> 7 - 9	0.8	2 ml		6m- 12m	
> 9 - 11	1	2.5 ml		12m - 18m	
> 11 - 14	1.2	3 ml		18m- 3y	
> 14 - 17.5	1.6	4 ml		3y - 5y	
> 17.5 - 25	2	5 ml	½ tab	5y - 7y	
> 25 - 35	3	7.5 ml		7y - 11y	
> 35 - 55	4		1 tab	11y - 15y	
> 55	4		1 tab	> 15yrs	
Caution: in epilepsy, cardiac disease, hepatic disorders, asthma, narrow angle glaucoma, prostatic hypertrophy and the elderly					

Note:

Chlorpheniramine is sedating and in mild cases may be used only at night.

For long term use in adults and school going children

- cetirizine, oral (doctor initiated), daily

Cetirizine					
Oral	24 hourly				
Weight Kilograms	Dose mg	Syrup/Soln 1mg/ml	Tab 10mg	Age Mnths/ys	
> 14 - 25	5	5 ml	½ tab	3y - 7y	
> 25 -55 and above	10	10 ml	1 tab	7y -15y and above	
Contraindications: renal impairment, porphyria.					

FOR COMMENT

for eczema herpeticum:

- **aciclovir**, oral, 400mg 8 hourly for 10 days

Aciclovir x 10 days						
Oral		8 hourly				
Weight Kilograms	Dose mg	Susp 200mg/5ml	Tab 200mg	Tab 400mg	Age Mnths/ys	
> 3.5 - 5	80	2 ml			1m- 3m	
> 5 - 7	120	3 ml			3m- 6m	
> 7 - 9	160	4 ml			6m- 12m	
> 9 - 14	200	5 ml	1 tab		12m - 3y	
> 14 - 25	300	7.5 ml	1½ tab		3y - 7y	
> 25 - 55	400		2 tab	1 tab	7y - 15y	
> 55	400		2 tab	1 tab	> 15yrs	
Special comment: Caution if renal impairment						

Referral

- no improvement in 2 weeks
- infants requiring more than 1% hydrocortisone

6.04.2 Eczema, acute, moist or weeping

L21.9

Description

A form of eczema with microscopic or large vesicles, associated with oozing and eventual crusting and scaling.

Non-drug treatment

- sodium chloride 0.9% dressings, applied daily or twice daily
- avoid use of soap on affected areas

Drug treatment

antibiotic treatment for staphylococcal secondary infection:

- flucloxacillin, oral, 6 hourly for 5 days

Flucloxacillin						
Oral		6 hourly				
Weight Kilograms	Dose mg	Syrup 125mg/5ml	mg per kilogram per dose		Cap 250mg	Age Months/ys
> 2.5 - 5	62.5	2.5 ml				Birth- 3m
> 5 - 11	125	5 ml				3m- 18m

FOR COMMENT

> 11 - 25	250	10 ml		1 cap	18m- 7y
> 25 -55 and over	500			2 cap	7y -15y and over
Contraindication: known hypersensitivity to any penicillin or cephalosporin					

penicillin–allergic patients:

- erythromycin, oral, 6 hourly before meals for 5 days

Erythromycin (Otitis media, sinusitis, pneumonia, abscess, boil, staphylococcal impetigo)					
Oral	6 hourly	child mg per kilogram per dose: 10- 15			
Weight Kilograms	Dose mg	Syrup 125mg/5ml	Tab 250mg	Age Mnths/ys	
> 2.5 - 3.5	35	1.4 ml		Birth - 1m	
> 3.5 - 5	50	2 ml		1m - 3m	
> 5 - 7	75	3 ml		3m - 6m	
> 7 - 9	100	4 ml		6m - 12m	
> 9 - 11	125	5 ml		12m - 18m	
> 11 - 14	150	6 ml		18m - 3y	
> 14 -17.5	200	8 ml		3y - 5y	
>17.5- 25	250	10 ml	1 tab	5y - 7y	
> 25 - 35	375	15 ml		7y - 11y	
> 35 - 55	500		2 tab	11y - 15y	
> 55	500		2 tab	> 15yrs	
Contraindications: Porphyrin					

for itching:

- chlorpheniramine, oral, 3 times daily

Chlorpheniramine					
Oral	6 to 8 hourly	mg per kilogram per dose 0.1- 0.1			
Weight Kilograms	Dose mg	Syrup 2mg/5ml	Tab 4mg	Age Mnths/ys	
> 5 - 7	0.6	1.5 ml		3m- 6m	
> 7 - 9	0.8	2 ml		6m- 12m	
> 9 - 11	1	2.5 ml		12m - 18m	
> 11 - 14	1.2	3 ml		18m- 3y	
> 14 - 17.5	1.6	4 ml		3y - 5y	
> 17.5 - 25	2	5 ml	½ tab	5y - 7y	

FOR COMMENT

> 25 - 35	3	7.5 ml		7y - 11y
> 35 - 55	4		1 tab	11y - 15y
> 55	4		1 tab	> 15yrs
Caution: in epilepsy, cardiac disease, hepatic disorders, asthma, narrow angle glaucoma, prostatic hypertrophy and the elderly				

Topical steroids should only be considered after the infection has cleared.

Referral

- no improvement after a week
- severe acute moist or weeping eczema

6.04.3 Dermatitis, seborrhoeic

L21.9

Description

In its simplest form it is dandruff, which tends to be rather oily. Pruritus may or may not be present. The scalp, ears and skin folds are commonly affected. It may become very extensive, particularly in infants and HIV infected patients.

Non-drug treatment

- cut nails short
- avoid scratching
- avoid perfumed soap

Drug treatment

- hydrocortisone 1% cream, applied 2–3 times daily until improved
 - then once or twice weekly for maintenance as needed

for severe eczema:

- betamethasone 0.1% ointment, (doctor initiated) applied twice daily
 - **do not** apply to face and skin folds.

for scalp itching, scaling and dandruff:

- selenium sulphide 2% suspension
 - apply weekly by lathering on the scalp
 - rinse off after 10 minutes

Note

Consider the possibility of HIV infection in patients with diffuse seborrhoeic eczema.

6.05 Fungal infections of the skin

B35

FOR COMMENT

6.05.1 Athlete's foot - tinea pedis

B35.3

Description

A common contagious fungal infection (tinea) of the foot characterised by itching, burning and stinging between the toes spreading to the sole.

- secondary eczema of the hands may be an associated condition
- vesicles may occur in inflammatory cases
- reinfection is common

Non-drug treatment

- discourage the use of shared bathing or swimming areas until healed
- use own towels and toiletries
- keep feet dry:
 - wear open shoes or sandals
 - do not wear socks of synthetic material
 - dry between toes after washing the feet or walking in water
 - wash and dry feet twice daily before applying treatment

Drug treatment

- imidazole cream, e.g. clotrimazole 2%, applied twice daily for 4 weeks

Referral

- severe infection
- involvement of the nails
- no improvement after 4 weeks

6.05.2 Candidiasis, skin

B37.2

(Vaginal candidiasis: see STI syndrome section 10.13)

Description

A skin infection caused by *C. albicans*.

Most common sites for infection are skin folds such as:

- under the breasts
- perineum
- axilla
- nail folds
- groin

The skin lesions or sores:

- appear moist (weeping)
- may have peripheral white pustules and scales
- have clear edges
- are red raw-looking patches

FOR COMMENT

Note

Infection often occurs in immunocompromised patients:

- suspect HIV if the infection is severe or chronic
- exclude diabetes

Drug treatment

- imidazole, e.g. clotrimazole 2% cream, applied three times daily for 14 days

Referral

- no response to topical treatment

6.05.3 Ringworm and other tineas

B35.9

Description

A highly contagious fungal infection of the skin that can be found anywhere on the body.

Clinical features:

- itchy ringlike patches
- raised borders
- patches slowly grow bigger
- as the patch extends a clear area develops in the center which may become hyperpigmented in dark skin.

Extensive disease is common in HIV.

Non-drug treatment

- prevent spreading the infection to others
- do not share:
 - clothes
 - towels
 - toiletries, especially combs and hair brushes
- wash skin well and dry before applying treatment

Drug treatment

Treat any secondary skin infection with antibiotics (see section 6.02.2)

- imidazole, e.g. clotrimazole 2% cream, topical, applied 3 times daily. Continue using cream for at least 2 weeks after lesions have cleared.

FOR COMMENT

for scalp infections (doctor initiated):

- griseofulvin oral, once daily for 8 weeks. Take with fatty meals or milk.

Griseofulvin					
Oral	24 hourly		mg per kilogram per dose		10 - 10
Weight Kilograms	Dose mg	Tab 125mg	Tab 500mg	Age Mnths/ys	
> 7 - 9	62.5	½ tab		6m - 12m	
> 9 - 14	125	1 tab		12m - 3y	
> 14 - 25	187.5	1½ tab		3y - 7y	
> 25 - 35	250	2 tab	½ tab	7y - 11y	
> 35 - 55	375	3 tab		11y - 15y	
> 55 - And above	500		1 tab	> 15yrs	
Contraindications: Liver failure, systemic lupus erythematosus, porphyria, history of hypersensitivity to griseofulvin. Special comment: Must be taken with fatty meal or milk					

Note

- do not give to women of child-bearing age unless they are using an effective contraceptive
- avoid exposure to the sun.

Referral

- infection is widespread
- no response to treatment after 8 weeks for scalp lesions

6.06 Parasitic infections of the skin

6.06.1 Lice (pediculosis)

B85.2

Description

An infestation of the hairy parts of the body with lice.

Head lice

- are common in children.
- the eggs (nits) appear as fixed white specks on the hair

Body lice

- live in the seams of clothing
- only come to the skin to feed.

Clinical features:

- itching

FOR COMMENT

- bite marks
- secondary eczema and secondary infection may be present

Note

Body lice may carry typhus fever.

Non-drug treatment

Head lice

- wash hair
- use a fine comb to comb out the nits after washing hair
- shave the head – may not be necessary with permethrin rinse
- prevent spread by treating other contacts
- remove nits manually from eyelashes

Body lice

- do not shave the pubic area
- prevent spread by treating other contacts
- regularly wash bed linen and underclothes in hot water and expose to sunlight

Drug treatment

! CAUTION !

do not use commercial insect sprays, they are toxic
lotions used for the treatment of lice are toxic when swallowed

head lice

- permethrin 1% cream rinse, applied after washing hair with shampoo. Rinse off after 10 minutes.

Note

- **do not** apply to broken skin or sores
- **avoid** contact with eyes

body lice

adults and adolescent children:

- benzyl benzoate 25% lotion, undiluted, applied over the whole body. Leave on overnight and wash off the next day. Repeat once a week for up to 3 weeks.

Note

- do not apply to neck and face
- avoid the eyes
- the lotion is toxic if swallowed

FOR COMMENT

- itching may continue for 2–3 weeks after treatment
- do not continue if a rash or swelling develops
- avoid contact with eyes and broken skin or sores

Antibiotic treatment for secondary infection (see section 6.02.2)

Referral

- lice infestation of eyelashes in children to exclude inappropriate sexual contact (suspected sexual abuse)

6.06.2 Scabies

B86

Description

An infestation with the parasite *Sarcoptes scabiei*. Most commonly occurs in the skin folds.

Spreads easily and usually affect more than one person in the household.

Clinical features:

- intense itching, more severe at night
- presents as small burrows between fingers, toes, elbow areas and skin folds where the parasite has burrowed under the skin
- secondary infection may occur due to scratching with dirty nails

Non-drug treatment

- **all close contacts must be treated simultaneously even if they are not itchy – see drug treatment below**
- cut finger nails and keep them clean
- wash all linen and underclothes in hot water
- expose all bedding to direct sunlight
- put on clean, washed clothes after drug treatment

Drug treatment

adults and children over 6 years:

- benzyl benzoate 25% lotion, undiluted, applied to the whole body from the neck to the feet on two consecutive days. Leave on overnight and wash off the next day

if benzyl benzoate is unsuccessful:

- sulphur 5% ointment, applied daily for 3 days

children under 6 years:

- sulphur 5% ointment, applied daily for 3 days

FOR COMMENT

Treatment may need to be repeated after one week.

Antibiotic treatment for secondary infection (see section 6.02.2)

Note

- do not apply to neck and face
- avoid the eyes
- benzylbenzoate is toxic if swallowed
- itching may continue for 2–3 weeks after treatment
- do not continue if rash or swelling develops
- avoid contact with eyes and broken skin or sores

6.07 Nappy rash

L22

Description

A diffuse reddish eruption usually caused by:

- irritation from persistent moisture and irregular cleaning and drying or nappy in area, diarrhoeal stools and sometimes by underlying skin conditions or improper rinsing of nappies to remove soap.

Non-drug treatment

- change nappies regularly
- do not use waterproof parts to cover nappy
- expose nappy area to air if possible especially with severe nappy dermatitis
- educate caregiver and give advice on:
 - washing, rinsing and drying of the nappy area when soiled
 - regular nappy changes
 - proper washing and rinsing of nappies

Drug treatment

- zinc and castor oil ointment, applied after each nappy change

if no improvement within 3 days, suspect candida:

- clotrimazole 2% cream followed by zinc and castor oil ointment as above applied after each nappy change

Referral

- no improvement after 3 days of clotrimazole treatment

6.08 Sandworm

B76.9

Description

Creeping eruption (cutaneous larva migrans) caused by *Ancylostoma braziliense*, a

FOR COMMENT

- life style adjustment

Drug treatment

- chlorpheniramine, oral, 3 times daily

Chlorpheniramine				
Oral	6 to 8 hourly		mg per kilogram per dose 0.1- 0.1	
Weight Kilograms	Dose mg	Syrup 2mg/5ml	Tab 4mg	Age Mths/yrs
> 5 - 7	0.6	1.5 ml		3m- 6m
> 7 - 9	0.8	2 ml		6m- 12m
> 9 - 11	1	2.5 ml		12m - 18m
> 11 - 14	1.2	3 ml		18m- 3y
> 14 - 17.5	1.6	4 ml		3y - 5y
> 17.5 - 25	2	5 ml	½ tab	5y - 7y
> 25 - 35	3	7.5 ml		7y - 11y
> 35 - 55	4		1 tab	11y - 15y
> 55	4		1 tab	> 15yrs
Caution: in epilepsy, cardiac disease, hepatic disorders, asthma, narrow angle glaucoma, prostatic hypertrophy and the elderly				

- calamine lotion, applied on the skin

Referral

- no improvement or response after 24 hours
- progressive illness

6.10 Pityriasis rosea

Description

A common disease of unknown cause, probably due to a viral infection as it occurs in minor epidemics.

- most common in young adults but any age may be affected.
- the rash involves the trunk, neck and mainly proximal parts of the limbs.
- pink papules, and macules which are oval and slightly scaly at the margins.
- the eruption is usually preceded by a few days by one larger, oval, slightly scaly area ("herald patch"), commonly found in the scapular area or abdomen.
- the macules on the thorax characteristically lie parallel to the long axis

FOR COMMENT

of the ribs ("Christmas tree" distribution)

- the itch is usually mild and there few or no constitutional symptoms.
- it is self-limiting within about 6-8 weeks.

Non drug treatment

- explain about the benign but protracted nature of the condition

Drug treatment

- chlorpheniramine, oral, 3 times daily

Chlorpheniramine				
Oral	6 to 8 hourly mg per kilogram per dose 0.1- 0.1			
Weight Kilograms	Dose mg	Syrup 2mg/5ml	Tab 4mg	Age Mths/ys
> 5 - 7	0.6	1.5 ml		3m- 6m
> 7 - 9	0.8	2 ml		6m- 12m
> 9 - 11	1	2.5 ml		12m 18m
> 11 - 14	1.2	3 ml		18m- 3y
> 14 - 17.5	1.6	4 ml		3y - 5y
> 17.5 - 25	2	5 ml	½ tab	5y - 7y
> 25 - 35	3	7.5 ml		7y - 11y
> 35 - 55	4		1 tab	11y- 15y
> 55	4		1 tab	> 15ys

Caution: in epilepsy, cardiac disease, hepatic disorders, asthma, narrow angle glaucoma, prostatic hypertrophy and the elderly

- aqueous cream applied 3 times daily

6.11 Molluscum contagiosum

Description

Infectious disease caused by a poxvirus.

- Dome-shaped papules with a central depression (umbilication)
- their number varies from occasional lesions to large crops of lesions particularly in those coinfected with HIV.
- commonly seen on the face in children but may be found at any dermal site except on the palms and soles.
- can occur on the genitalia as an STI.

FOR COMMENT

Non-drug treatment

In genital molluscum contagiosum:

- counsel on risk reduction for transmission of STI and STI.
- provide and promote use of condoms
- notify partner to be examined and treated

In non-genital molluscum contagiosum:

- if the lesions are few in number allow to heal spontaneously

Drug treatment

- tincture of iodine BP, applied to the core of individual lesions using an applicator.

Referral

- extensive lesions for cryotherapy with liquid nitrogen.

6.12 Herpes simplex

Description

Caused by infection with herpes simplex virus type 1.

- the primary infection usually presents as a gingivostomatitis but may occur at other sites eg. the face.
- characterised by grouped crusted vesicles surrounded by erythema.
- the secondary infection usually presents with cold sores on the lips or nose often in association with upper or lower respiratory tract infection.
- sufferers from atopic eczema are particularly susceptible to the virus and may present with large areas of involvement with numerous vesicles and crusting surrounded by erythema (eczema herpeticum).
- mucocutaneous ulceration for more than 1 month (AIDS –defining illness)
- common in the mouth genital or perianal regions See Section...

Non-drug treatment

- keep the skin lesions clean and dry

FOR COMMENT

Drug treatment extensive herpes or eczema herpeticum

Aciclovir x 10 days						
Oral	8 hourly					
Weight Kilograms	Dose mg	Susp 200mg/5ml	Tab 200mg	Tab 400mg	Age Mnths/yrs	
> 3.5 - 5	80	2 ml			1m- 3m	
> 5 - 7	120	3 ml			3m- 6m	
> 7 - 9	160	4 ml			6m- 12m	
> 9 - 14	200	5 ml	1 tab		12m - 3y	
> 14 - 25	300	7.5 ml	1½ tab		3y - 7y	
> 25 - 55	400		2 tab	1 tab	7y - 15y	
> 55	400		2 tab	1 tab	> 15yrs	
Special comment: Caution if renal impairment						

6.13 Herpes zoster (See Section 20.01.2)

6.14 Dry Skin

Description

The skin is dry and rough, together with varying degrees of scaling. Severe forms are mainly inherited eg. ichthyosis.

- Milder forms (xeroderma)
 - evidenced by dryness with only slight scaling
 - common in chronic conditions, e.g. HIV disease, malignancies and atopic eczema.

Drug treatment

- emulsifying ointment (UE), to wash or bath.
- aqueous cream (UEA), applied to dry areas as a moisturizer and for maintenance treatment.

6.15 Warts

Description

Common, infectious, self-limiting condition of the skin or mucous membrane caused by papillomavirus.

FOR COMMENT

6.15.1 Common Warts

Seen most often on the hands and fingers
Raised nodular type with a rough 'wart' surface.

Non-drug treatment

- May be left alone to wait for improvement

Drug treatment

- podophyllum resin 20% and salicylic acid 25% ointment, applied under plaster nightly.
protect surrounding skin with petroleum jelly.
repeat until the wart falls off.

Referral

- extensive warts

6.15.2 Plane Warts

Very small warts which are just slightly raised.
Smooth, flat, skin-coloured or slightly pigmented surface.
Occurs particularly on the face, backs of the hands and knees.

Referral

- extensive cases involving the face

6.15.3 Plantar Warts

Common on the pressure-bearing areas of the soles and can be painful and interfere with walking.
Because pressure forces them deep into the dermis they are flat, almost circular lesions, with a rough surface.
Often thick and hard due to increased keratin formation.

Drug treatment

- 25% salicylic acid ointment, applied under plaster nightly.
protect surrounding skin with petroleum jelly.
repeat until the wart falls off.

Referral

No response to treatment
Diabetic patients

FOR COMMENT

6.15.4 Filiform Warts

Pedunculated warts found on the face, neck and occasionally on mucous membrane of the mouth.

In the anogenital area they are known as condylomata accuminata. (See Sexually Transmitted Infections.....)

Referral

Cases with extensive involvement

6.15.5 Genital Warts: Condylomata Accuminata

See STI

18.07 Itching (pruritus)

L29.9

Description

Itching may

- be localised or generalised
- be accompanied by obvious skin lesions
- accompany many systemic diseases, e.g. hepatitis
- be caused by scabies and insect bites

Non-drug treatment

- lukewarm baths
- cut fingernails

Drug treatment

- calamine lotion, applied when needed

severe or refractory pruritus:

- chlorpheniramine, oral, 3 times daily

Chlorpheniramine					
Oral	6 to 8 hourly		mg per kilogram per dose		0.1- 0.1
Weight Kilograms	Dose mg	Syrup 2mg/5ml	Tab 4mg	Age Mnths/ys	
> 5 - 7	0.6	1.5 ml		3m- 6m	
> 7 - 9	0.8	2 ml		6m- 12m	
> 9 - 11	1	2.5 ml		12m - 18m	
> 11 - 14	1.2	3 ml		18m- 3y	
> 14 - 17.5	1.6	4 ml		3y - 5y	

FOR COMMENT

> 17.5 - 25	2	5 ml	½ tab	5y - 7y
> 25 - 35	3	7.5 ml		7y - 11y
> 35 - 55	4		1 tab	11y - 15y
> 55	4		1 tab	> 15yrs

Caution: in epilepsy, cardiac disease, hepatic disorders, asthma, narrow angle glaucoma, prostatic hypertrophy and the elderly

Note:

Chlorpheniramine is sedating and in mild cases may be used only at night.

For long term use in adults and school going children, e.g. for chronic pruritus

- cetirizine, oral (doctor initiated),

Cetirizine					
Oral		24 hourly			
Weight	Kilograms	Dose	Syrup/Soln	Tab	Age
		mg	1mg/ml	10mg	Mnths/yrs
> 14 -	25	5	5 ml	½ tab	3y - 7y
> 25 -	55 and above	10	10 ml	1 tab	7y -15y and above

Contraindications: renal impairment, porphyria.

! CAUTION !

do not give an antihistamine to children under 6 months.

Referral

- no improvement after 2 weeks