

Impetigo is an infection of the skin caused by the Streptococcus or Staphylococcus bacteria. If a wound refuses to heal or increases in size, it has usually become infected. Impetigo occurs most commonly in children, especially in babies. It may appear anywhere on the body but the most common sites in children are the areas around the mouth and the skin surrounding the entrance to the nose, the nostrils. In babies, impetigo often appears in the nappy area. Impetigo is sometimes referred to as 'infected sores' and can occur in 2 forms, namely *bullous* and *non-bullous impetigo*

(AboutkidsHealth, 2010; Collins, 2003;

MedicineNet, inc., 1996-2010).

### Non-bullous impetigo

- Is the more common form, caused by both the staph and strep bacteria.
- It begins as tiny red dots, which rapidly change to cloudy blisters that rupture, producing sores with a honey-coloured crust.
- These crusts are a distinguishing feature of impetigo.
- They often start around the nose and on the face, but the arms and legs may also be affected.
- In some cases, the sores may produce pus and the surrounding lymph nodes may swell (AboutKidsHealth, 2010; Leary, 1990; MedicineNet, inc., 1996-2010).

### Bullous impetigo

- Is caused by the staph bacteria.
- Staph bacteria produce toxins that cause a break between the dermis, or top layer of the skin, and the lower levels of the skin, forming a blister or bull in medical terms.
- These blisters can form on any area of the skin, but most commonly appear on the buttocks.
- When these fragile blisters burst, they leave the skin with a red, raw appearance with a jagged edge (MedicineNet, inc., 1996-2010).

### Causes

- Bacteria that cause impetigo can enter and infect the skin when it is broken by a cut or scrape, an insect bite, or skin conditions like eczema or scabies.
- Impetigo is a contagious infection that is primarily transmitted from person to person through direct contact, but sometimes from towels, toys or other household items.
- The lesions of impetigo can itch a great deal and can be spread to other parts of the body or to other children as a result of scratching. This is particularly common in impetigo in children.

- In some cases impetigo appears without any direct contact and when the skin seems to be unbroken.
- Adults often catch impetigo from contact with infected children.
- Sometimes the bacteria that cause impetigo live in the nose and spread from there to other parts of the skin.
- Heat, humidity and the presence of eczema predispose an individual to becoming infected with impetigo (Collins, 2003; Leary, 1990; MedicineNet, 1996-2010).

### Diagnosis

If you suspect that your child has impetigo, take him to the doctor within 24 hours. Diagnosis is generally made on the basis of a medical examination. In some cases, culture tests may be used as a diagnostic tool (Collins, 2003; MedicineNet, inc., 1996-2010).

### Treatment

- In most cases, impetigo is not serious and is easy to treat.

- Mild cases can be handled by gently cleansing the crusts with gauze soaked in salt solution, drying the area and removing the crusts, and then applying the prescription strength antibiotic ointment Bactroban.
- With treatment, impetigo usually heals within 5 days.
- In more severe cases, especially of bullous impetigo, an oral antibiotic may be required.
- Unfortunately, in recent years the staph bacteria have developed resistance to standard antibiotics. Therefore, bacterial culture and sensitivity tests may be required to guide the use of effective oral antibiotic treatment.
- You can help your child by applying a soothing solution, such as calamine lotion, in order to decrease the itching.
- Cut your child's fingernails short and keep them clean to prevent the spreading of the infection through scratching.
- Encourage your child not to scratch or touch the sores.
- If your child has a cold or runny nose, apply a small amount of petroleum jelly around the nostrils and upper lip, to prevent constant wiping from irritating and breaking the skin.
- Keep your child's bedding, clothing and towels separate, and keep him away from other children, until the infection subsides (Collins, 2003; Leary, 1990; MedicineNet, inc., 1996-2010).