

IMPETIGO

Impetigo (im-puh-TIE-go) is a common and highly contagious skin infection that mainly affects infants and young children. It usually appears as reddish sores on the face, especially around the nose and mouth and on the hands and feet. Over about a week, the sores burst and develop honey-colored crusts.

Treatment with antibiotics can limit the spread of impetigo to others. Keep children home from school or day care until they're no longer contagious — usually 24 hours after beginning antibiotic treatment.

Symptoms

The main symptom of impetigo is reddish sores, often around the nose and mouth. The sores quickly rupture, ooze for a few days and then form a honey-colored crust. Sores can spread to other areas of the body through touch, clothing and towels. Itching and soreness are generally mild.

A less common form of the condition called bullous impetigo causes larger blisters on the trunk of infants and young children. Ecthyma is a serious form of impetigo that causes painful fluid- or pus-filled sores

Factors that increase the risk of impetigo include:

- Age - Impetigo occurs most commonly in children ages 2 to 5.
- Close contact - Impetigo spreads easily within families, in crowded settings, such as schools and child care facilities, and from participating in sports that involve skin-to-skin contact.
- Warm, humid weather - Impetigo infections are more common in warm, humid weather.
- Broken skin - The bacteria that cause impetigo often enter the skin through a small cut, insect bite or rash.
- Other health conditions - Children with other skin conditions, such as atopic dermatitis (eczema), are more likely to develop impetigo. Older adults, people with diabetes or people with a weakened immune system are also more likely to get it.

DIAGNOSIS

- To diagnose impetigo, your doctor might look for sores on your face or body. Lab tests generally aren't needed.
- If the sores don't clear, even with antibiotic treatment, your doctor might take a sample of the liquid produced by a sore and test it to see what types of antibiotics would work best on it. Some types of the bacteria that cause impetigo have become resistant to certain antibiotics.

TREATMENT

- Impetigo is treated with prescription mupirocin antibiotic ointment or cream applied directly to the sores two to three times a day for five to 10 days.Q
- Before applying the medicine, soak the area in warm water or apply a wet cloth compress for a few minutes. Then pat dry and gently remove any scabs so the antibiotic can get into the skin. Place a nonstick bandage over the area to help prevent the sores from spreading.
- For ecthyma or if more than just a few impetigo sores are present, your doctor might prescribe antibiotics taken by mouth. Be sure to finish the entire course of medication even if the sores are healed.

This fact sheet is for information only and is not meant to be used for self -diagnosis or as a substitute for consultation with a health care provider.