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Eczema herpeticum

- Also known as Kaposi varicelliform eruption
- Disseminated viral infection (HSV 1 or 2)
- Complication of eczema or conditions that disrupt skin barrier
- Clusters or itchy & painful vesicles, may be widespread
- Can have secondary bacterial infection with staphylococci or streptococci
- One of the few dermatological emergencies

Treatment

- Prompt treatment with systemic antivirals
- Oral aciclovir 400-800mg 5 times daily or Valaciclovir 1g BD for 10-14 days
- IV aciclovir if patient too unwell to take tablets or spreading despite oral antivirals
- Topical steroids not recommended but may be necessary to treat active atopic dermatitis
- Refer to ophthalmologist when eyelid or eye involvement is suspected



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Acne

- Expansion, blockage and inflammation of hair follicles
- Open & closed comedones, inflammatory papules, pustules, nodules, pseudocysts

Treatment

- Mild – Topical benzoyl peroxide, adapalene or tretinoin, low dose COCP, antiseptic washes, light/laser therapy
- Moderate – As for mild acne plus oral antibiotics, antiandrogen therapy, Oral Isotretinoin
- Severe – Oral antibiotics, Oral Isotretinoin

Steroid acne



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Steroid acne



Steroid acne

- Acne-like condition in people with high levels of circulating corticosteroids
- Also side effect of use of anabolic steroids
- Distinct from steroid rosacea, which is due to long-term application of topical corticosteroids
- Most often on chest, may also develop on face, neck, back and arms

Treatment

- Discontinue systemic corticosteroids
- Topical antiacne agents, oral tetracyclines or oral Isotretinoin



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