Fever with Rash
Macule

Urticaria

Papule

Nodule

Plaque

Purpura
Eschar near medial canthus
History

1. Prodromal Symptoms
2. Evolution of rash
3. Associated Symptoms
4. Exposure to Infections – Persons, insects, animals
5. Travel, time of year, drug exposure
Examinations

1. Nature of rash
2. Rash distribution – Exanthem and enanthem
3. Mucosal conjunctival lesion
4. Lymph node – Liver and spleen
5. Genital lesion and CNS involvement
6. Timing in relation to fever
Broadly they are classified as

- Centrally distributed maculopapular
- Peripheral
- Confluent desquamative erythema
- Vesiculobullous
- Urticaria
- Purpuric
Centrally distributed maculopapular rashes

Common viral exanthem

Drug rash
Measles

Maculopapular rash over face

Enanthem: mucus membrane

Maculopapular rash over trunk

Maculopapular rash over palm
Rubella
Rubella

- Fever: Not high grade
- Rash scattered
- Fever disappears when rash appears
- Occipital, epitrochlear lymph node appears
- No significant coryza
- Short duration
- Relatively benign diseases
Roseola
Roseola infantum (HSV 6)

- Rash appears on 4th or 5th day
- Fever resolves by crisis or subsides by lysis
- Caused by HSV 6
- Called as “sixth disease”
- May cause febrile seizures, encephalitis, aseptic meningitis
Erythema infectiousum (Fifth disease)
Parvo virus

• Fever for 3-5 days
• Rash on face
Lacy reticular rash
Drug rash
# Features of drug rash

<table>
<thead>
<tr>
<th>Features</th>
<th>Drug rash</th>
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<tbody>
<tr>
<td>Rhinnorhea /conjunctivitis</td>
<td>Uncommon</td>
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<tr>
<td>Itching</td>
<td>Present</td>
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<tr>
<td>Enanthem</td>
<td>Absent</td>
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<tr>
<td>Eosinophilia and raised IgE</td>
<td>Usually present</td>
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</table>
Peripheral rash with fever

Erythema multiforme
Secondary syphilis
Hand foot and mouth disease
Dengue – Both central and peripheral
Dengue rash

Morbiliform rash
Dengue rash
Spotted Fever and Typhus belongs to Rickettsial group
Eschar near medial canthus and chest
Spotted fever and typhus belongs to rickettsial group – they are not uncommon in our country as numerous reports are there

References

Herpes Simplex Virus

2 closely related types – HSV1 and HSV2

• Type of infection :
  ✓ Primary infection – HSV seronegative, no preexisting immunity
  ✓ Non primary 1st infection – Already infected with one type but first time infected with other type.
  ✓ Recurrent infection – virus from latent infection periodically reactivate

• Spread by direct contact between skin and mucous membrane
Herpes Simplex Infection

- Herpes labialis/cold sore (Primary)
- Herpes labialis/cold sore (Recurrent)
- Herpetic Gingivostomatitis
- Herpangina
- Genital herpes
- Whitlow
Fever with diffuse erythema and desquamation

1. Scarlet fever
2. Kawasaki disease
3. Streptococcal toxic shock syndrome
4. Staphylococcal toxic shock syndrome
5. Staphylococcal scalded skin syndrome
Scarlet fever
Skin and mucous membrane manifestation of Kawasaki diseases
Skin and mucous membrane manifestation of Kawasaki diseases
Purpuric eruption with fever

Meningococcemia
Viral infection – Coxsackie A9, echo virus, EB virus
Atypical measles
Dengue hemorrhagic fever
Bacteremia
Acute Meningococcemia
Fever with Inflammation of Subcutaneous tissue
Causes of Erythema nodosum

Idiopathic

Infections
- Beta hemolytic streptococci
- Mycobacterium species
- Hepatitis B and C
- Fungal Infection

Medicines
- Sulfonamides, Oral contraceptives

SLE

Sarcoidosis

Inflammatory bowel disease

Malignancy – lymphoma and leukemia