# Infected Bullous Impetigo With Multiple Abscesses Over Bilateral Lower Limb <sup>1</sup>Nur Ain Annual Ong; <sup>1</sup>Norzatulsyima Nasirudin <sup>1</sup>Carol Ling Sze Yee, <sup>1</sup>Tan Lip Siang

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# INTRODUCTION:

Impetigo is most commonly seen in children aged two to five years and is classified as bullous or non-bullous. Impetigo usually appears in areas where there is a break in the skin and associated with poor hygiene. Majority of bacterial skin infections are caused by the gram-positive bacteria Staphylococcus and Streptococcus species.

# **REPORT:**

6 years old Indonesian girl presented with 3 months history of multiple wounds over bilateral lower limb, upper limb and over the back. Illness started with rashes associated with itchiness over bilateral lower limb, subsequently developed swelling over bilateral lower limb associated with fever. She was brought to seek medical attention in private center, incision and drainage was done over the lower limb swelling subsequently discharged and with oral antibiotic. However, developed pus surgical site as patient defaulted dressing appointment and seek for alternative medicine. Upon our examination, noted multiple irregular crusted lesions with swelling and pus discharge over bilateral lower limbs as shown in Figure 1 which were fluctuant and tender. Blood investigations shown raised septic parameters and inflammatory markers. Case was comanaged with Pediatrics team and was referred to Pediatric Dermatologist. Wound debridement was done and intraoperative samples were taken for microbiology and histopathology testing. Results of tissue and pus C&S came out as Proteus Mirabilis sp. She was treated with multiple courses of antibiotics and modern dressing until wound healed.



**Figure 1:** Crusted wound lesion with betel nut leaves debris over bilateral lower limbs.



Figure 2: Day 1 Post wound debridement.

### **CONCLUSION:**

Impetigo is an acute, highly contagious grampositive bacterial infection of the superficial layers of epidermis. Treatment involves local wound care with antibiotic therapy. If topical antibiotic therapy is ineffective, surgical drainage of the infected skin abscess will be necessary.

### **REFERENCES:**

1. Edlich RF, Winters KL, Britt LD, Long WB 3rd. Bacterial diseases of the skin. J Long Term Eff Med Implants. 2005;15(5):499-510. doi: 10.1615/jlongtermeffmedimplants.v15.i5.40. PMID: 16218899