TABLE 24-1 DISEASES ASSOCIATED WITH FEVER AND RASH (*CONTINUED*)

Disease	Etiology	Description	Group Affected/ Epidemiologic Factors	Clinical Syndrome	Chapter
Peripheral Eruptions					
Chronic meningococcemia, disseminated gonococcal infection,[a] human parvovirus B19 infection[e]	—	—	—	—	180, 181, 221
Rocky Mountain spotted fever	*Rickettsia rickettsii*	Rash beginning on wrists and ankles and spreading centripetally; appears on palms and soles later in disease; lesion evolution from blanchable macules to petechiae	Tick vector; widespread but more common in southeastern and south-west-central U.S.	Headache, myalgias, abdominal pain; mortality rates up to 40% if untreated	211
Secondary syphilis	*Treponema pallidum*	Coincident primary chancre in 10% of cases; copper-colored, scaly papular eruption, diffuse but prominent on palms and soles; rash never vesicular in adults; condyloma latum, mucous patches, and alopecia in some cases	Sexually transmitted	Fever, constitutional symptoms	206
Chikungunya fever	Chikungunya virus	Maculopapular eruption; prominent on upper extremities and face, but can also occur on trunk and lower extremities	*Aedes aegypti* and *A. albopictus* mosquito bites; primarily in Africa and Indian Ocean region	Severe polyarticular, migratory arthralgias, especially involving small joints (e.g., hands, wrists, ankles)	233
Hand-foot-and-mouth disease	Coxsackievirus A16 most common cause	Tender vesicles, erosions in mouth; 0.25-cm papules on hands and feet with rim of erythema evolving into tender vesicles	Summer and fall; primarily children <10 years old; multiple family members	Transient fever	228
Erythema multiforme (EM)	Infection, drugs, idiopathic causes	Target lesions (central erythema surrounded by area of clearing and another rim of erythema) up to 2 cm; symmetric on knees, elbows, palms, soles; spreads centripetally; papular, sometimes vesicular; when extensive and involving mucous membranes, termed *EM major*	Herpes simplex virus or *Mycoplasma pneumoniae* infection; drug intake (i.e., sulfa, phenytoin, penicillin)	50% of patients <20 years old; fever more common in most severe form, EM major, which can be confused with Stevens-Johnson syndrome (but EM major lacks prominent skin sloughing)	—[f]
Rat-bite fever (Haverhill fever)	*Streptobacillus moniliformis*	Maculopapular eruption over palms, soles, and extremities; tends to be more severe at joints; eruption sometimes becoming generalized; may be purpuric; may desquamate	Rat bite, ingestion of contaminated food	Myalgias; arthritis (50%); fever recurrence in some cases	167e
Bacterial endocarditis	*Streptococcus*, *Staphylococcus*, etc.	*Subacute course*: Osler's nodes (tender pink nodules on finger or toe pads); petechiae on skin and mucosa; splinter hemorrhages. *Acute course* (e.g., *Staphylococcus aureus*): Janeway lesions (painless erythematous or hemorrhagic macules, usually on palms and soles)	Abnormal heart valve (e.g., viridans group streptococci), intravenous drug use	New or changing heart murmur	155
Confluent Desquamative Erythemas					
Scarlet fever (second disease)	Group A *Streptococcus* (pyrogenic exotoxins A, B, C)	Diffuse blanchable erythema beginning on face and spreading to trunk and extremities; circumoral pallor; "sandpaper" texture to skin; accentuation of linear erythema in skin folds (Pastia's lines); enanthem of white evolving into red "strawberry" tongue; desquamation in second week	Most common among children 2–10 years old; usually follows group A streptococcal pharyngitis	Fever, pharyngitis, headache	173
Kawasaki disease	Idiopathic causes	Rash similar to scarlet fever (scarlatiniform) or EM; fissuring of lips, strawberry tongue; conjunctivitis; edema of hands, feet; desquamation later in disease	Children <8 years old	Cervical adenopathy, pharyngitis, coronary artery vasculitis	72, 385
Streptococcal toxic shock syndrome	Group A *Streptococcus* (associated with pyrogenic exotoxin A and/or B or certain M types)	When present, rash often scarlatiniform	May occur in setting of severe group A streptococcal infections (e.g., necrotizing fasciitis, bacteremia, pneumonia)	Multiorgan failure, hypotension; mortality rate 30%	173
Staphylococcal toxic shock syndrome	*S. aureus* (toxic shock syndrome toxin 1, enterotoxins B and others)	Diffuse erythema involving palms; pronounced erythema of mucosal surfaces; conjunctivitis; desquamation 7–10 days into illness	Colonization with toxin-producing *S. aureus*	Fever >39°C (>102°F), hypotension, multiorgan dysfunction	172

(*Continued*)