

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

Disease	Etiology	Description	Group Affected/ Epidemiologic Factors	Clinical Syndrome	Chapter
Vesiculobullous or Pustular Eruptions (Continued)					
Disseminated herpesvirus infection	Varicella-zoster virus (VZV) or HSV	Generalized vesicles that can evolve to pustules and ulcerations; individual lesions similar for VZV and HSV. <i>Zoster cutaneous dissemination</i> : >25 lesions extending outside involved dermatome. <i>HSV</i> : extensive, progressive mucocutaneous lesions that may occur in absence of dissemination, sometimes disseminate in eczematous skin (eczema herpeticum); HSV visceral dissemination may occur with only localized mucocutaneous disease; in disseminated neonatal disease, skin lesions diagnostically helpful when present, but rash absent in a substantial minority of cases	Patients with immunosuppression, eczema; neonates	Visceral organ involvement (e.g., liver, lungs) in some cases; neonatal disease particularly severe	164, 216, 217
Rickettsialpox	<i>Rickettsia akari</i>	Eschar found at site of mite bite; generalized rash involving face, trunk, extremities; may involve palms and soles; <100 papules and plaques (2–10 mm); tops of lesions developing vesicles that may evolve into pustules	Seen in urban settings; transmitted by mouse mites	Headache, myalgias, regional adenopathy; mild disease	211
Acute generalized eruptive pustulosis	Drugs (mostly anti-convulsants or antimicrobials); also viral	Tiny sterile nonfollicular pustules on erythematous, edematous skin; begins on face and in body folds, then becomes generalized	Appears 2–21 days after start of drug therapy, depending on whether patient has been sensitized	Acute fever, pruritus, leukocytosis	74
Disseminated <i>Vibrio vulnificus</i> infection	<i>V. vulnificus</i>	Erythematous lesions evolving into hemorrhagic bullae and then into necrotic ulcers	Patients with cirrhosis, diabetes, renal failure; exposure by ingestion of contaminated saltwater, seafood	Hypotension; mortality rate 50%	193
Ecthyma gangrenosum	<i>P. aeruginosa</i> , other gram-negative rods, fungi	Indurated plaque evolving into hemorrhagic bulla or pustule that sloughs, resulting in eschar formation; erythematous halo; most common in axillary, groin, perianal regions	Usually affects neutropenic patients; occurs in up to 28% of individuals with <i>Pseudomonas</i> bacteremia	Clinical signs of sepsis	189
Urticaria-Like Eruptions					
Urticarial vasculitis	Serum sickness, often due to infection (including hepatitis B viral, enteroviral, parasitic), drugs; connective tissue disease	Erythematous, edematous “urticaria-like” plaques, pruritic or burning; unlike urticaria: typical lesion duration >24 h (up to 5 days) and lack of complete lesion blanching with compression due to hemorrhage	Patients with serum sickness (including hepatitis B), connective tissue disease	Fever variable; arthralgias/ arthritis	385 ^f
Nodular Eruptions					
Disseminated infection	Fungal infections (e.g., candidiasis, histoplasmosis, cryptococcosis, sporotrichosis, coccidioidomycosis); mycobacteria	Subcutaneous nodules (up to 3 cm); fluctuance, draining common with mycobacteria; necrotic nodules (extremities, periorbital or nasal regions) common with <i>Aspergillus</i> , <i>Mucor</i>	Immunocompromised hosts (i.e., bone marrow transplant recipients, patients undergoing chemotherapy, HIV-infected patients, alcoholics)	Features vary with organism	— ^f
Erythema nodosum (septal panniculitis)	Infections (e.g., streptococcal, fungal, mycobacterial, yersinia); drugs (e.g., sulfas, penicillins, oral contraceptives); sarcoidosis; idiopathic causes	Large, violaceous, nonulcerative, subcutaneous nodules; exquisitely tender; usually on lower legs but also on upper extremities	More common among girls and women 15–30 years old	Arthralgias (50%); features vary with associated condition	— ^f
Sweet syndrome (acute febrile neutrophilic dermatosis)	Yersinia; upper respiratory infection; inflammatory bowel disease; pregnancy; malignancy (usually hematologic); drugs (G-CSF)	Tender red or blue edematous nodules giving impression of vesiculation; usually on face, neck, upper extremities; when on lower extremities, may mimic erythema nodosum	More common among women and among persons 30–60 years old; 20% of cases associated with malignancy (men and women equally affected in this group)	Headache, arthralgias, leukocytosis	72

(Continued)