

Given the extremely broad differential diagnosis, the presentation of a patient with fever and rash often poses a thorny diagnostic challenge for even the most astute and experienced clinician. Rapid narrowing of the differential by prompt recognition of a rash's key features can result in appropriate and sometimes life-saving therapy. This atlas presents high-quality images of a variety of rashes that have an infectious etiology and are commonly associated with fever.



A



B

FIGURE 25e-1 **A.** Erythema leading to “slapped cheeks” appearance in erythema infectiosum (fifth disease) caused by parvovirus B19. **B.** Lacy reticular rash of erythema infectiosum. (Panel A reprinted from K Wolff, RA Johnson: *Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology*, 6th ed. New York, McGraw-Hill, 2009.)

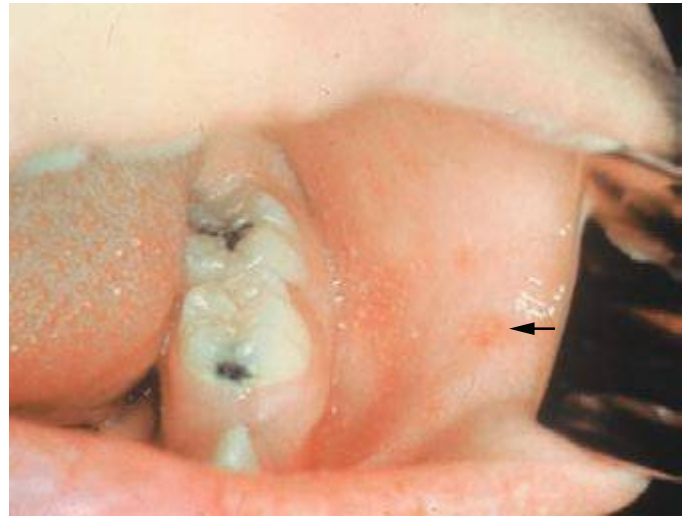


FIGURE 25e-2 Koplik's spots, which manifest as white or bluish lesions with an erythematous halo on the buccal mucosa, usually occur in the first 2 days of measles symptoms and may briefly overlap the measles exanthem. The presence of the erythematous halo (*arrow indicates one example*) differentiates Koplik's spots from Fordyce's spots (ectopic sebaceous glands), which occur in the mouths of healthy individuals. (Courtesy of the Centers for Disease Control and Prevention.)



FIGURE 25e-3 In measles, discrete erythematous lesions become confluent on the face and neck over 2–3 days as the rash spreads downward to the trunk and arms, where lesions remain discrete. (Reprinted from K Wolff, RA Johnson: *Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology*, 5th ed. New York, McGraw-Hill, 2005.)