



FIGURE 25e-4 In rubella, an erythematous exanthem spreads from the hairline downward and clears as it spreads. (Courtesy of Stephen E. Gellis, MD; with permission.)



FIGURE 25e-5 Exanthem subitum (roseola) occurs most commonly in young children. A diffuse maculopapular exanthem follows resolution of fever. (Courtesy of Stephen E. Gellis, MD; with permission.)



FIGURE 25e-6 Erythematous macules and papules are apparent on the trunk and arm of this patient with primary HIV infection. (Reprinted from K Wolff, RA Johnson: *Color Atlas and Synopsis of Clinical Dermatology*, 5th ed. New York, McGraw-Hill, 2005.)



FIGURE 25e-7 This exanthematous, drug-induced eruption consists of brightly erythematous macules and papules, some of which are confluent, distributed symmetrically on the trunk and extremities. Ampicillin caused this rash. (Reprinted from K Wolff, RA Johnson: *Color Atlas and Synopsis of Clinical Dermatology*, 5th ed. New York, McGraw-Hill, 2005.)



FIGURE 25e-8 Erythema migrans is the early cutaneous manifestation of Lyme disease and is characterized by erythematous annular patches, often with a central erythematous focus at the tick-bite site. (Reprinted from RP Usatine et al: *Color Atlas of Family Medicine*, 2nd ed. New York, McGraw-Hill, 2013. Courtesy of Thomas Corson, MD.)