



PYODERMA

Proposed Management of Allergic Rhinitis on Medical Missions in Resource-Limited Settings

Case definition

Presence of crust, dirty sore, blister, OR vesiculopustular skin lesion

Severe/extensive if >5 lesions, more than one part of body, immunocompromised patient, or abscess

Consider urgent transfer if:

1. Proteinuria on urine dip (post-streptococcal glomerulonephritis)
2. Abscesses: consider incision and drainage on site if equipped
3. Consider necrotizing fasciitis, erysipelas, or soft tissue infection requiring parenteral therapy

Clinical management

1. Soap and water twice daily and Vaseline to soften crusts
2. Keep dry and uncovered
3. Consider quarantine from school

Pharmacologic management

Topical antibiotic x7 days (for mild pyoderma)

Adapted from:

Dainton, C, and Chu, CH. 2017. A narrative review of dermatologic protocols for primary care medical service trips (MSTs) in Latin America and the Caribbean. Int J Derm. doi: 10.1111/ijd.13816