from whitlow.

**Treatment**

Cooling the affected site and administering antibiotics that are effective against *Staphylococcus aureus* and *Staphylococcus pyogenes* are the main treatments. Incision and drainage of pus are necessary in many cases.

### 7. Multiple sweat gland abscesses in infants

Multiple painful pustules and subcutaneous induration occur on the face, scalp and buttocks of newborns and infants, most frequently in summer. The eruptions mix with miliaria. Miliaria appears first as a precursor in which *Staphylococcus aureus* infection occurs, resulting in multiple sweat gland abscesses. Eccrine sweat glands are mainly involved. Antibacterials against *Streptococcus* are administered. The skin should be kept clean for preventive purposes by frequent changing of clothes.

**B. Chronic pyoderma**

**Definition, Classification**

Chronic pyoderma is a general term for chronic purulent diseases in which multiple obliteratorive lesions of hair follicles are infected by bacteria, leading to prolonged inflammatory reaction or granulomatous inflammation. Many diagnostic names for chronic pyoderma exist; in fact, they all refer to the same disease. The axillary fossae, scalp and buttocks are most commonly involved. Diseases that are typically classified as chronic pyoderma are listed below (Fig. 24.9). Squamous cell carcinoma may originate from these conditions.

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**Clinical images are available in hardcopy only.**

**Fig. 24.9 Classification of chronic pyoderma.**

- **Perifolliculitis abscedens et suffodiens**
- **Dermatitis papillaris capillitii**
- **Folliculitis decalvans**
- **Hidradenitis suppurativa**
- **Pyoderma chronica glutealis**
- **Acne conglobata**
- **Multiple infected epidermal cysts**

**Fig. 24.10 Hidradenitis suppurativa.**

Subcutaneous nodules of several millimeters in diameter on the axillary fossae rupture spontaneously. The lesion softens and coalesces, leading to formation of scarring plaques.

**Clinical images are available in hardcopy only.**

**Fig. 24.11 Dermatitis papillaris capillitii.**

Thickening and scarring plaques on the back of head and neck.
Hidradenitis suppurativa

This is hidradenitis in the opening of a hair follicle that is contained in the apocrine sweat gland. The follicular opening is blocked by a keratin plug, leading to secretion deposition where Staphylococcus aureus infects (Fig. 24.10). One or several subcutaneous nodules about 5 mm in diameter occur, most frequently on the axillary fossae of women. The nodules soften, rupture, excrete pus, and heal with scarring. Hidradenitis suppurativa often becomes chronic. Other sites with apocrine sweat glands, such as the genitalia, anus and breasts, may also be involved. Administration of antibiotics and incision and drainage of pus are the main treatments.

Dermatitis papillaris capillitii

This is also known as keloidal folliculitis. Folliculitis appears multiply and continuously on the occipital and nuchal region of middle-aged men. Infiltration of the lesion gradually becomes intense, and connective tissue proliferates and forms a keloidal plaque (Fig. 24.11). Abscess formation and secretion of pus may be present in severe cases. Administration of antibacterials is the first-line treatment. Plastic surgery may be necessary.

Pyodermia chronica glutealis

Middle-aged men are most frequently affected. Acne-like pustules or papules appear on the lumbar region, genitalia, and thighs, gradually coalescing into a large infiltrative plaque. Abscesses with intricately netted fistulae form, and these excrete pus when pressed (Fig. 24.12). There is hidradenitis suppurativa or acne conglobata as an underlying disease in many cases. Systemic administration of antibiotics, incision and drainage of pus, and removal and skin graft are the main treatments.

C. Systemic infections

1. Staphylococcal scalded-skin syndrome (SSSS)

Synonym: Staphylococcal toxic epidermal necrolysis (S-TEN)

Outline

- It is caused by exfoliative toxins of Staphylococcus aureus in the epidermis.
- It occurs most frequently in infants and children up to age 6. A fever and reddening around the mouth or eyes first appear, followed by painful exfoliation, erosion and blistering.
- Nikolsky’s sign is positive.
- Systemic management and care, and administration of antibiotics are the main treatments.