



ECTHYMA

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ECTHYMA

Synonyms: *Furunculi atonici*; *Phlyzacia agria*.

Ecthyma is the name given to a specific type of cutaneous pyogenic infection characterized by an eruption of deep seated pustules with markedly inflammatory, hard, bright red bases and areolae. A lesion may start as a papule, but begins usually as a flat, often not fully distended, pea sized pustule. The elevated firm red base soon develops and also considerable palpable infiltration of the surrounding and underlying tissue. The pus may become reddish or brown from admixture of blood. It dries in a few days to a closely adherent, thick, yellow, brown or greenish crust. When the crust falls off or is removed there is disclosed a crateriform, circular or oval, pea to finger nail sized ulcer. Occasionally a polycyclic lesion may be formed by the coalescence of two or more smaller ulcers. After a time the border acquires a bluish tinge. Its elevation causes the shallow ulcer to appear deeper than it really is. The ulcers heal in a few days or a couple of weeks and leave usually either small scars or slightly pigmented spots. New lesions or crops of lesions may appear at intervals and prolong the course of the disease for several weeks or months. The lesions are rarely numerous; as a rule not more than a dozen are present at any one time. In infants they occur on the buttocks, that is in the region soiled by feces. In children and adults they are seen most frequently on the legs and occasionally on the upper back, shoulders, and forearms, rarely elsewhere. Only in infants is an outbreak sometimes accompanied by febrile dis-

turbance. The subjective symptoms are never prominent and consist of only slight pain and tenderness. Ecthyma is distinctly a disease of the filthy and debilitated. The great majority of cases occur among vagabonds and inmates of overcrowded asylums and tenements. The disease is mildly contagious and autoinoculable. New lesions develop at the sites of abrasions, for that reason the pruritic skin diseases, eczema, scabies, pediculosis, prurigo, etc., favor the development and spread of ecthyma. Pyogenic cocci are always present in the pus and the streptococcus is probably the primary invader. **DIAGNOSIS:** The pustules of *eczema* are smaller, more superficial without marked areolae, commonly confluent and associated with other eczematous lesions, and the itching is intense. The crusts of *impetigo contagiosa* are loosely adherent and when removed disclose only very slight loss of tissue; there is no infiltration and very little redness. *Pustulo-crustaceous syphilids* are neither tender nor painful, much less inflammatory in appearance and more sluggish in their course and are usually associated with other syphilitic manifestations. **TREATMENT:** Cleanliness, proper living and good food will cure most cases. Tonics are often indicated. The possibility of lice, bed bugs, etc., being responsible for the persistence of the malady should not be overlooked. Locally, the crusts are to be removed with warm water and soap and the lesions dressed with a five per cent ammoniated mercury ointment.