

Differential Diagnosis of Infected Atopic Dermatitis:

- Warts
- Molluscum
- Scabies
- Tinea corporis/capitis
- Allergic contact dermatitis



QR code
mobile view

Infected Atopic Dermatitis

Presence of crusting, pustules, erosions, vesicles/blisters
([Severity Guide](#))

**Avoid using oral steroids for all eczema flares*

Consider the type of infection

Bacterial:

- [Impetigo \(Staph aureus\)](#)
- [Group A Strep \(Strep pyogenes\)](#)

Viral:

- [Eczema Herpeticum](#)
- [Eczema Coxsackium](#)

- Obtain aerobic culture and/or HSV 1/2 PCR from the affected site
- If uncertain of type of infection, obtain both

Treat based on type of infection

Bacterial

Viral

Unclear

Is there history of HSV or exposure to HSV?

Yes

No

Treatment for Bacterial Infection:

- Consider topical and/or oral antibiotics
- Review previous aerobic cultures (susceptibilities)
- If no previous culture, no history of MRSA:
 - First line [cephalexin](#)
 - Second line [clindamycin](#)
- If known history of MRSA:
 - First line [clindamycin](#)
- Start [dilute bleach baths](#)
- Restart/continue topical steroids in non-infected areas
- **Hold** topical calcineurin inhibitors and topical steroids in **infected areas**

- Start topical antibiotic (mupirocin)
- Restart topical steroid to non-infected areas
- **Hold** topical calcineurin inhibitors and topical steroids in **infected areas**

Treatment when unable to determine viral or bacterial infection:

- Consider oral antibiotic and/or oral antiviral treatment
- Start bland ointment (Vaseline), avoid creams
- [First generation antihistamines](#) for sleep/itch control
- Consider [diluted bleach baths](#)
- **Hold** topical calcineurin inhibitors and topical steroids in **infected areas**

Treatment for Eczema Coxsackium:

- [Start first generation antihistamines](#)
- Bland ointment (Vaseline), avoid creams
- **Hold** topical calcineurin inhibitors and topical steroids in **infected areas**
- Avoid using oral steroids for all eczema flares

Consider:

- Aerobic culture if suspicious for bacterial infection
- Consulting Derm On-call Provider if questions

Treatment for Eczema Herpeticum:

- [Start oral acyclovir](#)
- [Start first generation antihistamines](#)
- Bland ointment (Vaseline), avoid creams
- **Hold** topical calcineurin inhibitors and topical steroids in **infected areas**
- Avoid using oral steroids for all eczema flares

Consider:

- Aerobic culture if suspicious for bacterial infection
- Consulting Derm On-call Provider if questions

Are lesions near eye or are there eye symptoms?

Yes

Ophthalmology consultation **ASAP**

Does patient meet admission criteria?

Yes

No

Consider:

- Dermatology consult
- Inpatient admission

- Discharge home with follow-up in 1 week with Dermatology, Allergy, or PCP
- Consider message center for expedited visit - "Dermatology Clinic on call"
- [Avoid food panel testing for atopic dermatitis \(Link to Evidence\)](#)
 - If there is concern for food allergy, refer to Allergy

Indications for Admission:

- Fever
- Lethargy
- Toxic appearance
- Signs of dehydration
- Diffuse skin involvement

Patients < 1 year of age require special consideration