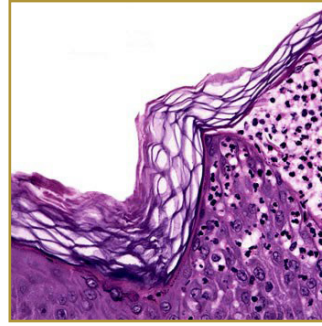




SKIN ABSCESS



EPIDEMIOLOGY: Develops in patients of all age groups

ETIOLOGY: Bacteria that enters a break in the skin

PATHOGENESIS: Compressible mass that is red, warm to touch, and tender. After progression, they may “point” and come to a head and the material inside is visible.

CLINICAL: Tender mass with overlying erythema (redness)

HISTOLOGY: In the dermis and the cavity is an inflammatory infiltrate containing many neutrophils.

SKIN ABSCESS is also known as boil disease. Being common, skin abscess develop when an infection causes pus and other infected material to build up in the skin. Skin abscesses may follow a bacterial infection, commonly an infection with staphylococcus. They can develop after a minor wound, injury, or as a complication of folliculitis. Skin abscesses may occur anywhere on the body and affects people of all ages. Symptoms include skin redness, localized swelling, tender and warm on affected area and Fever or chills in some cases. Primary treatments usually include heat application such as a heat soak or hot packs. Heat application increases blood circulation to the area and allows the body to fight off the infection by accelerating antibodies and white blood cells delivery to the site of infection. Once the boil becomes soft or “forms a head” (a small pustule is noted in the boil), it is ready to drain. Following drainage relief of pain can be dramatic. Most small boils, such as those that form around hairs, drain on their own with soaking. On occasion, especially with larger boils, the abscess will need to be drained or “lanced” by a health-care practitioner. Antibiotics are often used to eliminate the accompanying bacterial infection; however, antibiotics are not needed in every situation. In fact, they have difficulty penetrating the outer wall and often will not cure an abscess without additional surgical drainage.

BIBLIOGRAPHY

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