

WARTS



Figure 12-7 Common warts on the back of the hand.



Figure 12-8 A common wart with black dots on the surface.



Figure 12-11 Filiform wart with fingerlike projections. These are most commonly observed on the face.

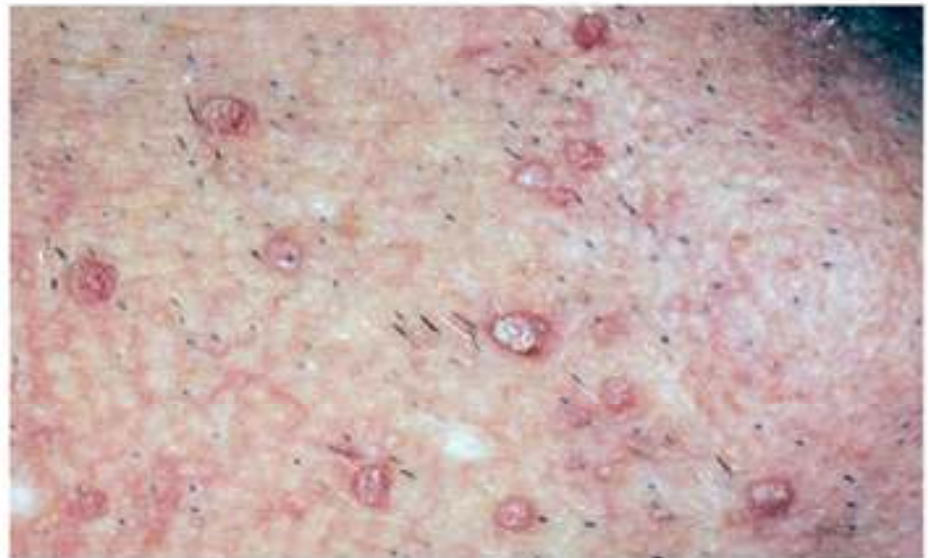


Figure 12-12 Small digitate and filiform warts in the beard area. Shaving spreads the virus over wide areas of the beard. Recurrences are common after cryotherapy or curettage. The infection may last for years.



Figure 12-14 Flat warts. **A**, Lesions are slightly elevated, flesh-colored papules that often appear grouped. **B**, The face, back of the hands, and shins are the most common areas affected. Flatter lesions are brown.



Figure 12-15 Flat warts on the vermilion surface of the lip.



Figure 12-16 Lesions may be numerous and often appear in a linear distribution as a result of scratching.



Figure 12-26 Molluscum contagiosum. Individual lesions are



Figure 12-27 Molluscum contagiosum. Inoculation around

HERPES SIMPLEX—EVOLUTION OF LESIONS



Vesicles on a red base are the primary lesions.



Vesicles evolve to pustules and become umbilicated.



Umbilication becomes more pronounced.



Lesions dry and form discrete crusts.

RECURRENT INFECTION



Figure 12-30 The recurrent lesion is a small group of vesicles that, like primary lesions, evolve to form umbilicated pustules and then crusts.



Figure 12-31 A small group of vesicles on an erythematous base are the initial lesion.

PRIMARY HERPES SIMPLEX LESIONS



Figure 12-32 The mouth is inflamed. Umbilicated vesicles are widely scattered about the perioral area.



Figure 12-33 The patient is febrile. Lesions are not grouped as in recurrent herpes.

RECURRENT HERPES LESIONS



Figure 12-34 The entire surface of the lips is involved in this case stimulated by sun exposure.



Figure 12-35 The recurrence involves two areas simultaneously.

Table 12-2 Treatment of HSV-1 Oral-Labial Herpes Simplex

Condition	Immunocompetent	Immunocompromised (HIV-infected persons)
Primary herpes	Acyclovir 200 mg five times/day for 7-10 days Acyclovir 400 mg three times/day for 7-10 days Valacyclovir 1 gm twice a day for 7-10 days Famciclovir 250 mg three times/day for 7-10 days	
Recurrent herpes (episodic therapy)	Acyclovir 400 mg three times/day for 5 days Acyclovir 800 mg two times/day for 5 days Acyclovir 800 mg three times/day for 2 days Valacyclovir 2 gm twice a day for 1 day Valacyclovir 500 mg twice a day for 3 days Valacyclovir 1 gm once a day for 5 days Famciclovir 125 mg twice a day for 5 days Famciclovir 1500 mg as a single dose Penciclovir 1% cream applied every 2 hr (while awake) for 4 days Acyclovir 5% ointment applied every 3 hr, six times/day for 7 days <i>n</i> -Docosanol (OTC Abreva) applied five times/day until healed	Acyclovir 400 mg five times/day for 7-14 days Valacyclovir 1 gm twice a day for 5-10 days Famciclovir 500 mg twice a day for 7 days
Recurrent herpes (long-term suppressive therapy)	Acyclovir 400 mg twice a day Valacyclovir 500 mg once a day for <9 episodes/year Valacyclovir 1 gm once a day for >10 episodes/year Famciclovir 250 mg twice a day	Acyclovir 400-800 mg two or three times/day Valacyclovir 500 mg twice a day Famciclovir 500 mg twice a day
Severe disease	Acyclovir 5-10 mg/kg/body weight IV every 8 hr	

HERPES ZOSTER—EVOLUTION OF LESIONS



Figure 12-53

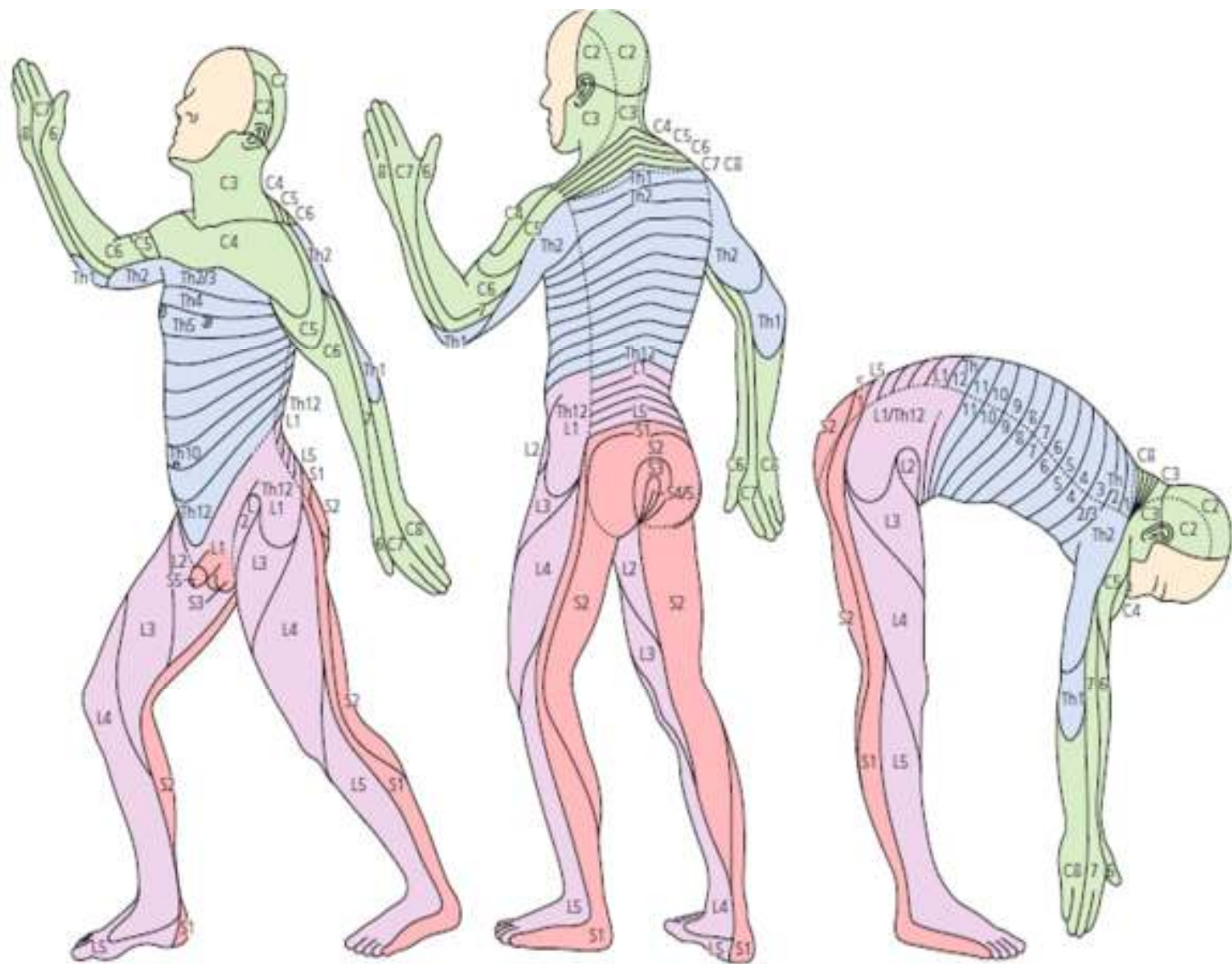


Figure 12-52 Dermatome areas.



Figure 12-54 Herpes zoster may involve any dermatome. Patients are confused by this presentation. They think that "shingles" can appear only on the trunk.



Figure 12-55 Herpes zoster may involve one, two, or three adjacent dermatomes.

HERPES ZOSTER



Figure 12-57 Unilateral single-dermatome distribution involving the mandibular branch of the fifth nerve.



Figure 12-61 Zoster with infection of almost the entire skin surface of two or three dermatomes.

OPHTHALMIC ZOSTER



Figure 12-62 Herpes zoster (ophthalmic zoster). Involvement of the first branch of the fifth nerve. Vesicles on the side of the nose are associated with the most serious ocular complications.



Figure 12-63 Herpes zoster (ophthalmic zoster). A virulent infection of the skin and eye.

Table 12-4 Drugs for Varicella-Zoster Infections*

	Acyclovir (Zovirax) (200-, 400-, and 800-mg capsules)	Famciclovir (Famvir) (125-, 250-, and 500-mg tablets)	Valacyclovir (Valtrex) (500- and 1000-mg caplets)
Varicella-zoster	800 mg four times/day × 7 days	500 mg q8h × 7 days	1 gm three times a day × 7 days
Varicella chickenpox	20 mg/kg per dose (800 mg maximum) four times/day × 5 days		
Varicella or zoster in immunocompromised patients	10 mg/kg IV q8h × 10 days (adult dose)		
Acyclovir-resistant infections: foscarnet (Foscavir) 40 mg/kg IV q8h × 10 days			

*Higher doses of medication may be needed in HIV-infected patients.