
EVERS WITH RASH

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from this study it was found that: Skin covers the body, consists of the corium, epidermis and skin appendages: the sweat, sebaceous glands and the hair follicles. The normal body temperature is 36.5-37.2°C (98-99°F), fever exists if the temperature is above 37.2°C (99°F). Fever may be of long or short duration, as regards the course of temperature fever may be continuous and remittent, intermittent, undulant or relapsing. Skin lesions are macule, papule, ulcers, nodule, wheal, vesicle, bulla, pustule, plaque, scales, and crusts. Causes of fevers and rash are viral, bacterial, rickettsial agents, connective tissue disorders, allergic reactions and others. The rashes of various exanthematous diseases associated with fever are so similar in appearance that they may be sometimes clinically indistinguishable, on the other hand each disease has its characteristic total clinical picture that is distinctive. Accurate diagnosis of patients with fevers and rash depends upon a careful history, the nature and duration of prodromal symptoms, an accurate description of the initial appearance and the evolution of the skin signs and symptoms, pathognomonic signs (e.g. Koplik spots of measles) which simplify the diagnosis and laboratory diagnostic tests. Skin biopsy may aid in the diagnosis of some of these disorders (e.g., rickettsial diseases or non-infectious papulovesicular eruptions), vesicular or pustular skin lesions suspected to be due to viruses also should be cultured appropriately if the diagnosis can not be established clinically and in some cases viruses may be recovered directly from the fluid of unruptured vesicles (e.g., varicella-zoster, herpes). Rashes can be classified as macular, erythematous maculopapular, papulovesicular or bullous, petechial or hemorrhagic, ulcerative, and nodular eruptions. Some disorders produce lesions that fall into more than one of these categories.