### Disease/Medical Condition

**IMPETIGO**  
(usually caused by staphylococcal [staph] bacteria — typically *S. aureus* — but also sometimes by streptococcal bacteria [strep] bacteria — typically *S. pyogenes*)

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#### Is the initiation of non-invasive dental hygiene procedures* contra-indicated?  
No

- **Is medical consult advised?**  
  Yes. While a medical consult for oral health reasons is not required, a referral to a primary care provider (e.g., physician or nurse practitioner) is appropriate for definitive diagnosis and treatment.

#### Is the initiation of invasive dental hygiene procedures contra-indicated?**  
No

- **Is medical consult advised?**

- **Is medical clearance required?**

- **Is antibiotic prophylaxis required?**

- **Is postponing treatment advised?**

#### Oral management implications

- **Mode of transmission** is often autoinfection; staph and strep often live harmlessly on the skin. Children are commonly infected through a break in the skin via a cut, scrape or insect bite, but they can also develop impetigo without having visible skin damage. In adults, impetigo is usually the result of an injury to the skin, such as dermatitis. Impetigo can also be spread by direct contact with a person who has a purulent lesion or is an asymptomatic (usually nasal) carrier of a pathogenic strain. There is also the potential for spread via touching items that have come in contact with impetigo lesions. Impetigo spreads easily in schools and daycare settings.

- **Ensure appropriate infection control measures are in place (e.g., gloves and hand washing) to prevent spread from patient/client’s face to dental hygienist. If facial lesions are widespread or if there is pain with mouth opening, dental hygiene procedures should be deferred until patient/client’s impetigo has been treated.**

#### Oral manifestations

- None internal in the mouth. However, in children (especially aged 2 to 6 years), perioral lesions are common.

#### Related signs and symptoms

- Impetigo is a skin infection most commonly seen in young children (2–6 years).

- Lesions present in different ways, including the following: red or pimple-like sores that rupture and ooze and then form ‘golden’ crusts (“impetigo contagiosa”, which typically occurs around the mouth and nose); itching; painless, fluid-filled blisters (“bullous impetigo”); and painful fluid- or pus-filled sores that result in deep ulcers (“ecthyma”). Treatment usually involves topical antibiotics and/or oral antibiotics. While impetigo usually isn’t dangerous, it sometimes may lead to cellulitis and rare but serious complications such as kidney damage (post-streptococcal glomerulonephritis).
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References and sources of more detailed information

- US Centers for Disease Control and Prevention  http://www.cdc.gov/ncidod/dbmd/diseaseinfo/groupastreptococcal_g.htm
- Canadian Paediatric Society, Caring for Kids  http://www.caringforkids.cps.ca/handouts/strep_throat

* Includes oral hygiene instruction, fitting a mouth guard, taking an impression, etc.

** Ontario Regulation 501/07 made under the Dental Hygiene Act, 1991. Invasive dental hygiene procedures are scaling teeth and root planing, including curetting surrounding tissue.

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