19 Fever and Rash

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The acutely ill patient with fever and rash often presents a diagnostic challenge for physicians, yet the distinctive appearance of an eruption in concert with a clinical syndrome can facilitate a prompt diagnosis and the institution of life-saving therapy or critical infection-control interventions. **Representative images of many of the rashes discussed in this chapter are included in Chap. A1.**

APPROACH TO THE PATIENT

Fever and Rash

A thorough history of patients with fever and rash includes the following relevant information: immune status, medications taken within the previous month, specific travel history, immunization status, exposure to domestic pets and other animals, history of animal (including arthropod) bites, recent dietary exposures, existence of cardiac abnormalities, presence of prosthetic material, recent exposure to ill individuals, and sexual exposures. The history should also include the site of onset of the rash and its direction and rate of spread.

PHYSICAL EXAMINATION

A thorough physical examination entails close attention to the rash, with an assessment and precise definition of its salient features. First, it is critical to determine what *type* of lesions make up the eruption. *Macules* are flat lesions defined by an area of changed color (i.e., a blanchable erythema). *Papules* are raised, solid lesions <5 mm in diameter; *plaques* are lesions >5 mm in diameter with a flat, plateau-like surface; and *nodules* are lesions >5 mm in diameter with a more rounded configuration. *Wheals* (urticaria, hives) are papules or plaques that are pale pink and