

## Febrile Sickness with Skin Rash

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### ABSTRACT

Skin rashes that appear during febrile illnesses are actually caused by various infectious diseases. For clinical diagnosis of diseases amid rash and fever, an entire history must be taken, including recent travel, contact with animals, medications, and exposure to forests and other natural environments

Skin rashes that appear during febrile illnesses are actually caused by various infectious diseases. Since infectious exanthemata's diseases range from mild infections that disappear naturally to severe infectious diseases, specialize in and basic knowledge of those diseases is extremely important. But, these include non-infectious diseases, in order that comprehensive knowledge of those other diseases is required. Usually, early diagnostic testing for a febrile illness with a rash is inefficient. In addition, time of onset of symptoms and therefore the characteristics of the rash itself (morphology, location, and distribution) might be helpful within the clinical diagnosis. It is also critical to understand the patient's history of specific underlying diseases. However, diagnostic basic tests might be helpful in diagnosis if they're repeated and therefore the clinical course is monitored. Generally, skin rashes are nonspecific and self-limited. Therefore, it might be clinically meaningful as a characteristic diagnostic finding during a very small subset of specific diseases. When patients with febrile illnesses also develop a rash, they tend to visit the hospital with serious disease in mind. Many rashes that appear during febrile illnesses are in fact caused by various infectious diseases. Since infectious exanthemata's diseases range from mild infections that disappear naturally to severe infectious diseases, specialize in and basic knowledge of those diseases is required. Although the appearance of the rash is essential for diagnosis of some diseases, rashes are generally non-specific findings, and play supportive roles in the differential diagnosis of other

diseases. These include non-infectious diseases, so that comprehensive knowledge of these other diseases is required for clinical diagnosis of a febrile illness with a rash. A rash may be a symptom that appears during the course of a systemic or localized disease, and thus might be clinically meaningful as a characteristic diagnostic finding in a very small subset of specific diseases. However, rashes are generally nonspecific and have complementary significance in medical diagnosis when combined with antecedent and concurrent symptoms, medication and allergy history, or social and environmental background, as well because the characteristics of the rash itself, like morphology, location, and distribution. Understanding the etiology of atypical exanthemas remains difficult and sometimes the routine procedures don't allow a definitive diagnosis to be achieved. For clinical diagnosis of diseases amid a rash and fever, an entire history must be taken, including recent travel, contact with animals, medications, and exposure to forests and other natural environments. In addition, time of onset of symptoms could be helpful in the clinical diagnosis. It is also critical to understand the patient's history of specific diseases, including cardiovascular, sexually-transmitted, and immunodeficiency diseases; in particular, an evaluation of immune status is needed. In recent time, with increased travel and population movements, imported infections with secondary local transmission are of great concern and outbreaks in susceptible populations may present containment issues. In this aspect, imported viral infections such as arbovirus infections (Chikungunya, dengue, and Japanese encephalitis and yellow fever viruses) and new zoonotic viral infection (Sosuga virus) and should be considered through the recent travel history.

**Keywords:** eczema, inflammation, Medical, Dermatologist, Antigen