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**Impetigo... about a case report**

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**Introduction:** Impetigo is a contagious bacterial infection of the surface of the skin, is caused by species of staphylococcus or, more rarely, streptococcus bacteria and is more common in children than in adults. There are two types of clinical impetigo: non-bullous and bullous. The non-bullous impetigo is the most frequent clinical presentation, occurring in about 70% of cases. It is primarily characterized by papules that quickly became vesicles surrounded by erythema. Subsequently they become pustules that enlarge and rupture easily to form a thick and adherent crust with a characteristic honey-colored appearance. This clinical evolution typically occurs in about one week. Regional lymphadenitis may occur, although systemic symptoms (f. e. fever) are usually absent. These lesions usually involve the face and extremities but can also be presented in previously traumatized skin or in other areas of the body through direct dissemination. The diagnosis of non-bullous impetigo usually is made based on clinical manifestations although seborrheic, atopic or contact dermatitis; herpes simplex; tinea or pediculosis capitis; chickenpox or scabies should always be considered as differential diagnosis. Description of the Clinical Case: An 8 years old male, with no personal disease.

**Background:** comes to the Healthcare Center due to a itching lesion on the upper lip. The lesion was about 3 inches of diameter, with 15 days of evolution, initially described as a "bubble" that had rupture and released a yellow liquid that formed a crust. He had no fever or other symptoms. After clinical history and physical examination, the diagnosis of non-bullous impetigo was made. It was prescribed oral and topic antibiotic therapy.

**Conclusion:** The diagnosis of non-bullous impetigo is essentially based on the physical exam in a family doctor daily routine. We intend to alert for the diagnosis of this disease as well as its treatment.