On the March/April 2012 edition Empinotti et al. quoted the streptococcus as the main agent of non-bullous impetigo. It terms of treatment they reported the possibility of using common penicillin to treat disseminated lesions. According to the world literature, conflicting data is found.

*S. aureus* was the predominant organism in crusty (non-bullous) impetigo during the decades of 1940 and 1950 and, subsequently, the prevalence of streptococcus increased. However, in studies conducted during the last three decades, there was a resurgence of *S. aureus* as the main agent in crusty impetigo. *S. aureus*, isolated or in combination with streptococcus, is responsible for 80% of the cases, and *S. aureus* is the most recovered agent in an isolated form. Despite the fact that Brazilian articles related to the epidemiology of impetigo were not found, these data are repeated in different countries: United States, Israel, Thailand, Japan, French Guiana, India, Chile, Norway.

In terms of treatment, the antibiotic spectrum to be chosen should cover staphylococcus and streptococcus for both bullous and non-bullous impetigo. As such, benzathine penicillin and others sensitive to penicillinases are not indicated in the treatment of impetigo. In a systematic review conducted by The Cochrane Library it was considered that V penicillin had a worse response than erythromycin and cloxacillin. Another interesting aspect reported was the absence of glomerulonephritis as a complication of impetigo, a fact that could reflect the reduced importance of streptococcus in impetigo.

I consider it important to report these data from the literature, as they lead to a considerable change in the conduct of a patient with impetigo.