

# the skin-ny on cellulitis

## what is cellulitis?

Cellulitis is an inflammatory reaction of the deep dermis and subcutaneous tissue of the skin as the result of bacterial infiltration. Cellulitis may be purulent or non-purulent, and is almost always unilateral. Erysipelas is a type of cellulitis that is described as a sharply demarcated infection of the upper dermis and lymphatics.

Related to cellulitis is a skin abscess, which is a walled-off collection of pus under the skin. An abscess is usually red, tender, fluctuant.

Diagnosis of cellulitis is based on history and physical exam.

## cellulitis signs and symptoms



warmth



poorly-demarcated erythema



edema

## most common microbes



*A Streptococcus*

*Streptococcus pyogenes*

*Gram-negative aerobic bacilli*

*Pasturella (animal bites)*

## ↑ predisposing factors

skin barrier disruption

immunosuppression

impaired lymphatic drainage

obesity

inflammatory skin condition

IV drug use

## treatment

Treatment of cellulitis involves antibiotic therapy. Indications for parenteral therapy include clinical progression of disease after 48 hours of oral antibiotics or inability to tolerate oral therapy. Cefazolin is recommended for IV and cephalexin for oral therapy.

Include MRSA coverage in the following instances:

- Systemic infection (fever, tachycardia, hypotension)
- Prior MRSA infection
- No clinical improvement with current non-MRSA regimen
- Infection site near indwelling medical device

NSAIDs and steroids are not recommended as they can mask inflammation and delay treatment or diagnosis of a more severe soft tissue infection.

## complications



endocarditis



bacteremia



osteomyelitis



sepsis

## prevention

- treat predisposing underlying conditions
- compression therapy for those with chronic venous insufficiency
- suppressive antibiotic therapy for those with recurrent infections whose underlying conditions cannot be fully treated

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