

Cellulitis

Cellulitis (phlegmon) is an acute suppurative inflammation of the skin (dermis) and adjacent subcutaneous tissues (hypodermis) spreading to the surrounding area with a general alteration of the condition. The causative agents are **beta-haemolytic group A streptococci** (*Streptococcus pyogenes*) or *Staphylococcus aureus*. It often arises from impetigo (localised inflammation of the skin without alteration of the general condition). The disease is most commonly transmitted by direct contact with a sick person or an asymptomatic carrier, but can also occur through contaminated objects or by a mechanism of autoinfection.

Clinical picture

After contact with the infection, symptoms appear in 6 hours to 2 days.^[1] Skin is warm, painful, erythematous, vesicles turn into bullae with turbid contents. Sparse secretion may ooze on compression. Regional nodules may be enlarged. Systemic symptoms such as fever with chills and chills are also present. In the elderly, the condition may be accompanied by restlessness, inappetence and behavioural changes.

Differential Diagnosis

Differential diagnosis is necessary to differentiate from erysipelas. Cellulitis **is not** precisely demarcated on the skin; erysipelas usually **tongue-like** protrude.



Cellulitis Left Leg.

Complications

Complications include:

- abscess
- progression to deep tissue with possible development of necrotizing fasciitis,
- deep vein thrombosis with embolization,
- septic condition.

Diagnosis

The clinical picture supplemented by demonstration of the causative agent in haemoculture or secretions from the affected site is decisive. Very painful lesions are checked with ultrasounds to detect an abscess.

Therapy

We usually start with oxacillin, cephalosporins 1st and 2nd generation or clindamycine.^[2] On culture demonstration of resistant *Staphylococcus* (MRSA) vancomycin and tigecycline.^[1] Locally drain the abscess, elevate the affected limb, anticoagulant therapy as appropriate.

References

Related articles

- Pyoderma
- Exudative interstitial inflammation

References used

- HAVLIK, Jiří, et al. *Infectology*. 2. edition. Prague : Avicenum, 1990. 393 pp. ISBN 80-201-0062-8.
- ROZSYPAL, Hanuš. *Basics of Infectious Medicine*. 1. edition. Karolinum Press, 2015. 572 pp. pp. 293-294. ISBN 8024629321.

References

1. ROZSYPAL, Hanuš. *Basics of Infectious Medicine*. 1. edition. Karolinum Press, 2015. 572 pp. pp. 293-294. ISBN 8024629321.
2. BENEŠ, Jiří. *Infectious Medicine*. 1. edition. 2009. 651 pp. pp. 493. ISBN 9788072626441.

