Erysipelas

Erysipelas is an acute localized inflammation of the skin with an alteration of the general condition, which is typically caused by beta hemolytic streptococci of group A (Streptococcus pyogenes), less often groups C, G and B (Streptococcus agalactiae), staphylococcus aureus or G-bacteria can sometimes be detected in culture. Erysipelas most often occurs on the feet and face. The gateway to the infection is a broken skin barrier (maceration, leg ulcers, ragads, erosion). It is transmitted from a sick person or endogenously from the nasopharynx to the injured skin, in newborns to the umbilical cord. The incubation period is short, usually 1-3 days. The disease is prone to recurrences, recurrences are usually caused by endogenous reactivation of bacteria. Acute glomerulonephritis may develop after erysipelas after a latency period (1-4 weeks). In the Czech Republic, erysipelas reporting is mandatory.

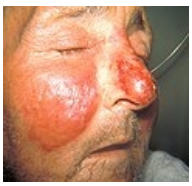
Clinical manifestations

Rapid development of general symptoms:

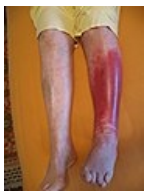
- fever with chills, headache, sometimes nausea and general exhaustion.

Local symptoms:

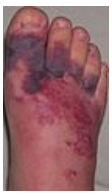
- after a few hours, inflammatory to phlegmonous changes (redness, burning, itching, tenderness to pain, swelling) occur at the site of infection, the deposit has an irregular shape;
- regional lymphadenitis.



Erysipelas on the face



Erysipelas on the leg



Erysipelas phlegmonosum

Lymphedema of the right lower limb after recurrent erysipelas

Species

- *Erysipelas bullosum* – vesicles and bullae form in the deposit
- *Erysipelas migrans* – the primary deposit heals, but new deposits appear in the area
- *Erysipelas haemorrhagicum* – bleeding into blisters
- *Erysipelas gangrenosum* – skin necrosis
- *Erysipelas phlegmonosum* – deep propagation (possible development of cellulitis or necrotizing fasciitis)
- *Erysipelas recidivans* – recurrent infections

Diagnostics

- clinical manifestations;
- cultivation from erysipelas lesion, aspiration from lesion, biopsy – low capture
- ASLO titer (antistreptolysin O) - skin infections are very rarely accompanied by increased ASLO titer, because streptolysin O is inactivated by lipids contained in the skin during local infection;
- the anti-deoxyribonuclease B antibody titer may be increased.

Therapy

- crystalline penicillin i.v., after improvement procaine penicillin i.m.
- symptomatic treatment
- bed rest
- cardiovascular function should be monitored in the elderly

Complications

Complications include:

- myocarditis, endocarditis or pericarditis,
- glomerulonephritis,
- rheumatic joint involvement,
- pyartros,
- metastatic pneumonia,
- lymphedema,
- local tissue devastation, phlebitis or phlebothrombosis.

Links

Related articles

- Impetigo
- Group A streptococcal infection
- Pyoderma
- Ecthyma

References

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