



## **ERYSIPELAS**

### **What are the aims of this leaflet?**

This leaflet has been written to help you understand more about erysipelas. It tells you what it is, what causes it, what can be done about it, and where you can find out more about it.

### **What is erysipelas?**

Erysipelas is an infection of the skin by a bacterium called beta-haemolytic streptococci. It develops quickly and can be serious, so it has to be treated with antibiotics as soon as possible.

Erysipelas is quite similar to a more deeply located infection, known as cellulitis, which affects the tissues just under the skin as well as the skin itself.

### **What causes it?**

Erysipelas can occur at any age but mainly affects adults. Bacteria usually penetrate the skin through a break in the skin surface, such as a small split between the toes or around an earlobe.

Erysipelas is more likely to occur if:

- You have had it before.
- You have a permanently swollen limb (lymphoedema).
- You have splits between your toes, perhaps due to athlete's foot.
- You have other breaks in the skin, for example a leg ulcer or a pressure sore.
- You have diabetes.
- You are overweight.

### **Is it hereditary?**

No.

### **What are the symptoms of erysipelas?**

Erysipelas starts suddenly. You will probably have a high temperature, shiver and feel unwell a few hours before any changes appear on your skin. The affected patch of skin will then become red, sore and swollen, and start to spread.

### **What does erysipelas look like?**

An area of redness develops suddenly on the skin and then gets bigger. It is firm and raised, and its advancing edge is sharp and easy to see. Blisters, sometimes containing blood, may appear on top of the redness. Erysipelas can affect any part of the skin, but is most common on the legs. Another frequent site is the face.

### **How will erysipelas be diagnosed?**

Your doctor will diagnose erysipelas by its typical appearance and symptoms.

### **Can it be cured?**

Yes - if the right antibiotic is given early. However some people do get further attacks in the same area.

### **How is it treated?**

Treatment has to start quickly and there is no time to wait for the results of tests. However your doctor may want to send samples of blood, and swabs from blister fluid, for culture in the laboratory.

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- An antibiotic must be given as early as possible in the attack, and will have to be taken for 10 to 14 days.
- Penicillin is the antibiotic of choice. Another antibiotic will be needed if you are allergic to penicillin.
- It is common practice to use two different types of penicillin for the first week or two.
- During the attack, which usually lasts for about a week, you should rest in bed with the affected area raised. Some patients need to go into hospital.
- If you do have repeated attacks of erysipelas, your doctor will want to stop this happening and may put you on a low dose of penicillin tablets, to be taken long-term.

### **What can I do?**

- See your doctor as early as possible if you think you are getting another attack of erysipelas. If the attacks become frequent, it may be worth asking your doctor to give you an extra prescription for an antibiotic, which you can keep at home and take as soon as you notice any of the warning symptoms.
- Your chance of getting another attack drops if you treat the broken area through which the bacteria originally entered your skin. For example you may need to clear up your athlete's foot if it tends to split between the toes.
- Support stockings can help any remaining swelling of your legs.

### **Where can I get more information about erysipelas?**

*Web links to detailed leaflet:*

[www.emedicine.com/emerg/topic172.htm](http://www.emedicine.com/emerg/topic172.htm)

[www.dermnetnz.org/dna.strept/erys.html](http://www.dermnetnz.org/dna.strept/erys.html)

**(Whilst every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own doctor will be able to advise in greater detail.)**

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