CELLULITIS AND ERYSIPELAS

What are the aims of this leaflet?

This leaflet has been written to help you understand more about cellulitis and erysipelas. It tells you what these conditions are, what they are caused by, what can be done about them, and where you can find out more about them.

What are cellulitis and erysipelas?

Erysipelas and cellulitis are both due to infection of the skin. Erysipelas is a superficial infection of the skin, while cellulitis extends deeper into the tissues.

It is often difficult to tell how deep an infection is, so the treatment of cellulitis and erysipelas is the same. These infections can develop quickly and need to be treated with antibiotics as soon as possible; therefore, if you have a recurrence you should seek medical advice as quickly as possible.

What causes cellulitis and erysipelas?

Bacteria (germs) get through a break in the skin. This break can be very small, such as from a scratch, insect bite or injection, or can be from another skin disease such as athlete’s foot or a leg ulcer. The body’s immune system will try to stop the bacteria spreading. If this is not successful, an infection will develop.

Erysipelas is typically caused by bacteria called beta-haemolytic streptococci. Cellulitis is also often caused by streptococci, but many other germs may be involved.
Who gets cellulitis or erysipelas?

Anybody can get cellulitis or erysipelas, and once you’ve had it, you are more likely to get it again in the same site. There are also some conditions which make cellulitis and erysipelas more likely:

- Athlete's foot (fungal infection of the skin between the toe webs)
- Cuts in the skin, leg ulcers and pressure sores
- Insect bites
- Intravenous drug use
- Swollen limbs due to the veins or lymphatic vessels not working well
- Increased body weight
- Poorly controlled diabetes
- An impaired immune system, e.g. due to illness or immunosuppressive medication

Are cellulitis and erysipelas hereditary?

No.

What are the symptoms of cellulitis and erysipelas?

Symptoms may develop quite quickly. You may feel generally unwell and feverish with a high temperature and shivers. This feeling may start a few hours or a day before the skin changes become visible. The affected patch of skin will become sore, swollen, warm, and red, and blisters may form. The nearest lymphatic glands may become swollen and tender. The area of affected skin may gradually enlarge.

Cellulitis is most common on the lower leg and erysipelas on the legs and face, but any area of skin can be affected.

What do cellulitis and erysipelas look like?

An area of redness develops and enlarges, often slowly with an ill-defined edge in cellulitis, and more suddenly with a sharp edge in erysipelas, where the affected skin can feel tense due to swelling. With time, blisters may develop, which can be filled with fluid or blood. As the blister top comes off, a raw area of skin can be seen. In severe cases, areas of skin may turn purple or black.
How will cellulitis and erysipelas be diagnosed?

Cellulitis and erysipelas are diagnosed by the typical appearance and symptoms. A skin swab or blood tests may be taken to try to identify the bacteria in the laboratory; however bacteria identification is not always possible.

Are cellulitis and erysipelas serious?

The severity of cellulitis and erysipelas can range from mild to severe. This will depend on how large the red area is, which part of the body is affected (e.g. erysipelas of the face is more serious) and if there are any aggravating health problems (see above). These skin infections can also lead to complications:

- Septicaemia (bacteria spreading through the blood, making the person ill)
- Abscess (a collection of pus in the affected area)
- Infection spreading to deeper tissues, like the muscle or bone
- Long-term swelling of the affected site due to lymphatic vessel damage
- Predisposition to further episodes of cellulitis or erysipelas at the same site

Can cellulitis and erysipelas be cured?

Yes, provided that treatment is given early. The treatment aims to prevent the complications listed above.

What is the treatment for cellulitis and erysipelas?

An oral antibiotic must be given as early as possible, and continued for about 14 days. If not improving higher doses and longer courses may be required. More severe cellulitis and erysipelas may need to be treated with antibiotic injections or infusions in hospital.

As long as the affected area is red, swollen and hot, it should be rested and raised. In cellulitis or erysipelas of the leg, the foot should ideally be rested higher than the hip to allow gravity to reduce the swelling.

It is important that underlying breaks in the skin, for example due to athlete’s foot or eczema, are treated to prevent repeated episodes of cellulitis. Your doctor may prescribe topical medication for this. Any leg swelling after the
skin infection has settled should ideally be treated with compression stockings until the swelling has gone.

If there are repeated episodes of cellulitis or erysipelas, the doctor may suggest long-term antibiotic treatment to try to prevent the skin infection.

Self Care (What can I do?)

- See your doctor as early as possible if you think you are getting another attack of erysipelas or cellulitis. 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.
- You should follow advice about skin care to reduce breaks in the skin.
- Support stocking, leg elevation and weight loss can help any remaining swelling of your legs.

Where can I get more information about cellulitis?

http://emedicine.medscape.com/article/781412-overview

Where can I get more information about erysipelas?

www.emedicine.com/emerg/topic172.htm (includes photographs)
www.dermnetnz.org/dna.strept/erys.html (includes photographs)

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: its contents, however, may occasionally differ from the advice given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists’ Patient Information Lay Review Panel

BRITISH ASSOCIATION OF DERMATOLOGISTS
PATIENT INFORMATION LEAFLET
PRODUCED JANUARY 2012
REVIEW DATE JANUARY 2015