Erysipelas

Erysipelas is a sudden form of *cellulitis* (inflammation of the cells) that affects the tissues near the skin surface. It is most often caused by a *streptococcal* or *staphylococcal* (germ) infection.

SYMPTOMS OF ERYSIPELAS

Erysipelas begins as just not feeling well (*malaise*), chills, and a fever of usually 101°F (38.3°C) to 104°F (40°C). Being it is an *inflammation* (soreness) of the skin and the tissue just beneath the skin; it shows up as a reddened area with sharp borders. It may be streaked because the lymphatics are infected. These are lymph channels that flow out of your glands (lymph nodes), like the glands in your neck. The reddened area may be tender to touch with itching and burning of the skin. Sometimes this is accompanied by feelings of *nausea* (you are sick to your stomach) and *vomiting* (throwing up). Sometimes there may be a break in the skin over the reddened area which is where the *bacteria* (germs) entered the body. Sometimes there may not appear to be a site of entry. The most common area for erysipelas to appear is on the lower legs. When the legs are infected, it is usually the glands (lymph nodes) in the groin that may be enlarged and tender.

DIAGNOSIS

Your caregiver most often bases the *diagnosis* (learning what is wrong) on your physical findings (examination). It is often hard to grow the germs that produce this illness. Sometimes blood cultures (to see what germs may be growing in your blood) will be done if there is a high fever and the blood cultures are likely to be positive. This means the culture is able to grow the *bacteria* (germ) producing the erysipelas. If blood counts are done, the white blood count is usually elevated. The ESR (erythrocyte sedimentation rate) is also usually *elevated* (higher than normal). The ESR is just a nonspecific sign of infection being present.

TREATMENT

This infection usually responds rapidly to medications which kill germs *(antibiotics*). Depending on findings and course of the illness (gets better or worse), your caregiver will be able to decide which is the best possible treatment for you. Most often these infections respond well to penicillin in individuals not allergic to penicillin. Other alternatives are available for those who cannot take penicillin.

HOME CARE INSTRUCTIONS

- You may return to work as directed.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- Finish all antibiotics as prescribed by your caregiver even if it looks as if the infection has cleared completely.

SEEK MEDICAL CARE IF:

- Your chills and feelings of illness are getting worse.
- You have pain or discomfort not controlled by medications, or if symptoms seem to be getting worse rather than better.
- The reddened area of infection seems to be spreading rather than getting smaller, red lines are extending away from the infection toward your chest or abdomen, or a part of the infection begins to turn dark in color.
- The problem returns in the same or another area after it seems to have gone away.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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