

CELLULITIS

Overview

DEFINITION

Acute spreading Infection of dermis & subcutaneous tissues

RISK FACTORS

Prior Cellulitis Tinea Pedis
Lymphedema Diabetes
Obesity Chronic Edema

Microbiology

COMMON

Staph spp. (Purulent)
Strep spp. (Nonpurulent)

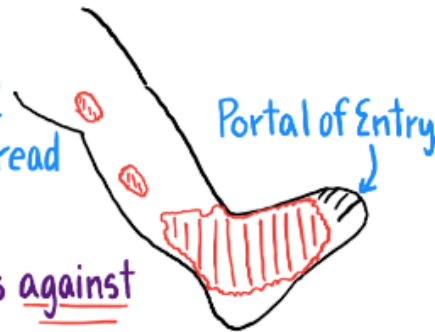
UNCOMMON

Gram-negative bacilli
Clostridia
Mycobacteria

Clinical Manifestations

Skip Lesions 2/2
Lymphangitic Spread

Bilaterality argues against



INFLAMMATION

Erythema
↑ Temp
↑ —————
Edema
Tenderness

Differential Diagnosis

MIMICS

Venous Stasis
Deep Vein Thrombosis
Erythema Migrans
Contact Dermatitis
Septic Arthritis
Gout
Lymphedema
Lipodermatosclerosis

NO MISS

Necrotizing Skin/Soft
Tissue Infection*

* Merits Emergent
Surgical Consultation

Diagnosis

DX = CLINICAL

Cultures (Blood or Tissue) if:

- Severe
- Abx Failure
- Atypical Pathogen Suspected

Treatment*

PURULENT

MRSA Coverage
I&D

NONPURULENT

Strep Coverage

PREVENTION

Compression Stockings
Consider Penicillin ppx

* See IDSA Guidelines