

# **Cellulitis**

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# Scenario

Mrs B complains of a red, hot swollen leg for two days.

She has had one previous episode of cellulitis.

She is otherwise well.

How should she be treated?



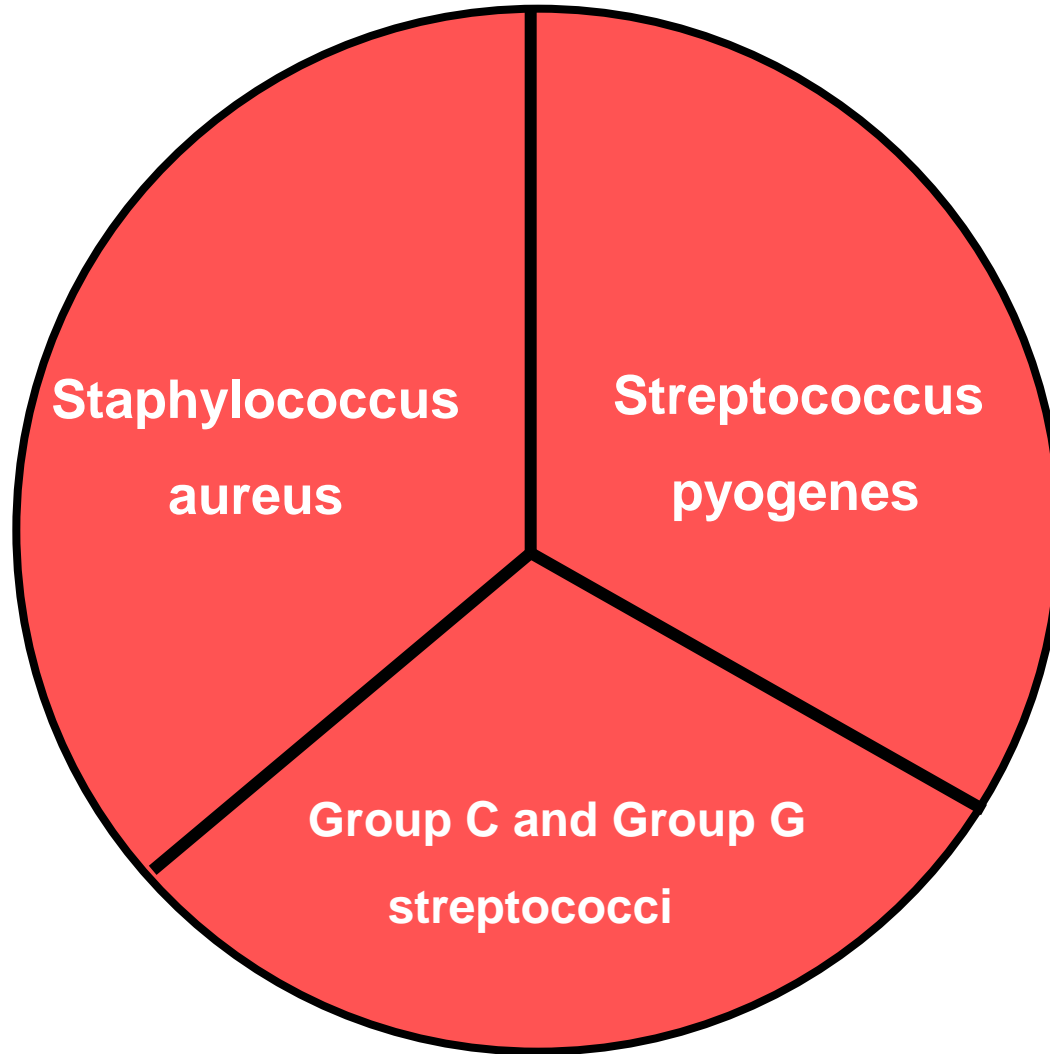


← Cellulitis

Erysipelas  
↓



# Microbial aetiology of cellulitis and erysipelas

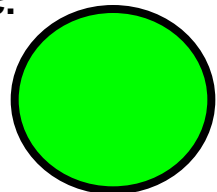


**Pseudomonas  
aeruginosa**

**Proteus mirabilis**

**Pasteurella**

**etc.**



# Antibiotic sensitivities

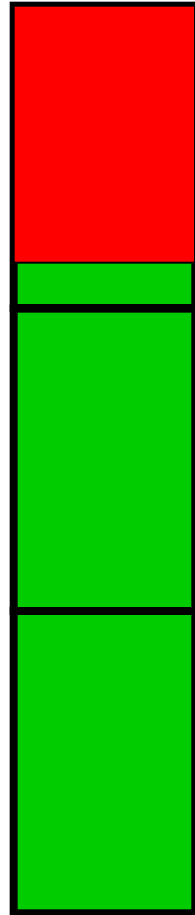
## Penicillin

(or amoxil)

Staphylococcus aureus

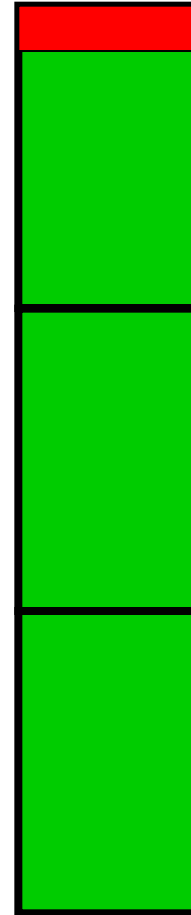
Gp C and G streptococci

Streptococcus pyogenes



## Flucloxacillin

(or augmentin, cefazolin, etc)



# Antibiotic sensitivities

Penicillin

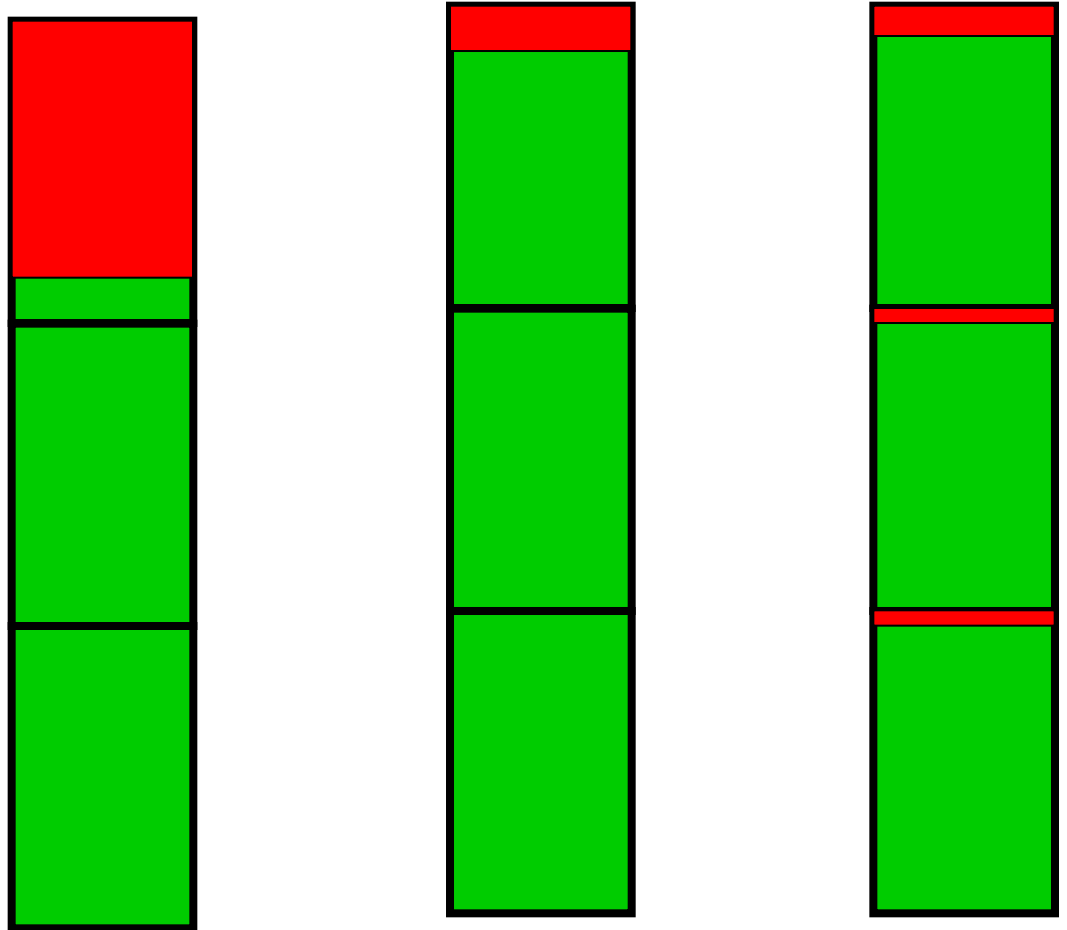
Flucloxacillin

Erythromycin

Staphylococcus aureus

Gp C and G streptococci

Streptococcus pyogenes



# Antibiotic Therapy

1. **Penicillin** is widely recommended
2. **Penicillin** will fail with most staphylococci
3. **Flucloxacillin** will fail with MRSA
4. **Augmentin** or **cefazolin** or **cefactor** are **no better than flucloxacillin** in most patients
5. **Erythromycin** is a good alternative
6. **Unusual circumstances** require culture and sensitivity testing

# Duration of therapy

5 days has been widely used in trials

**Elevation**

**Elevation**

**Elevation**

and rest



**Persistent redness and pain  
on day 3,4, 5, etc**

**is very common**

and almost always  
does not indicate failure  
of antimicrobial treatment.

# “Rheumatic Fever prophylaxis”

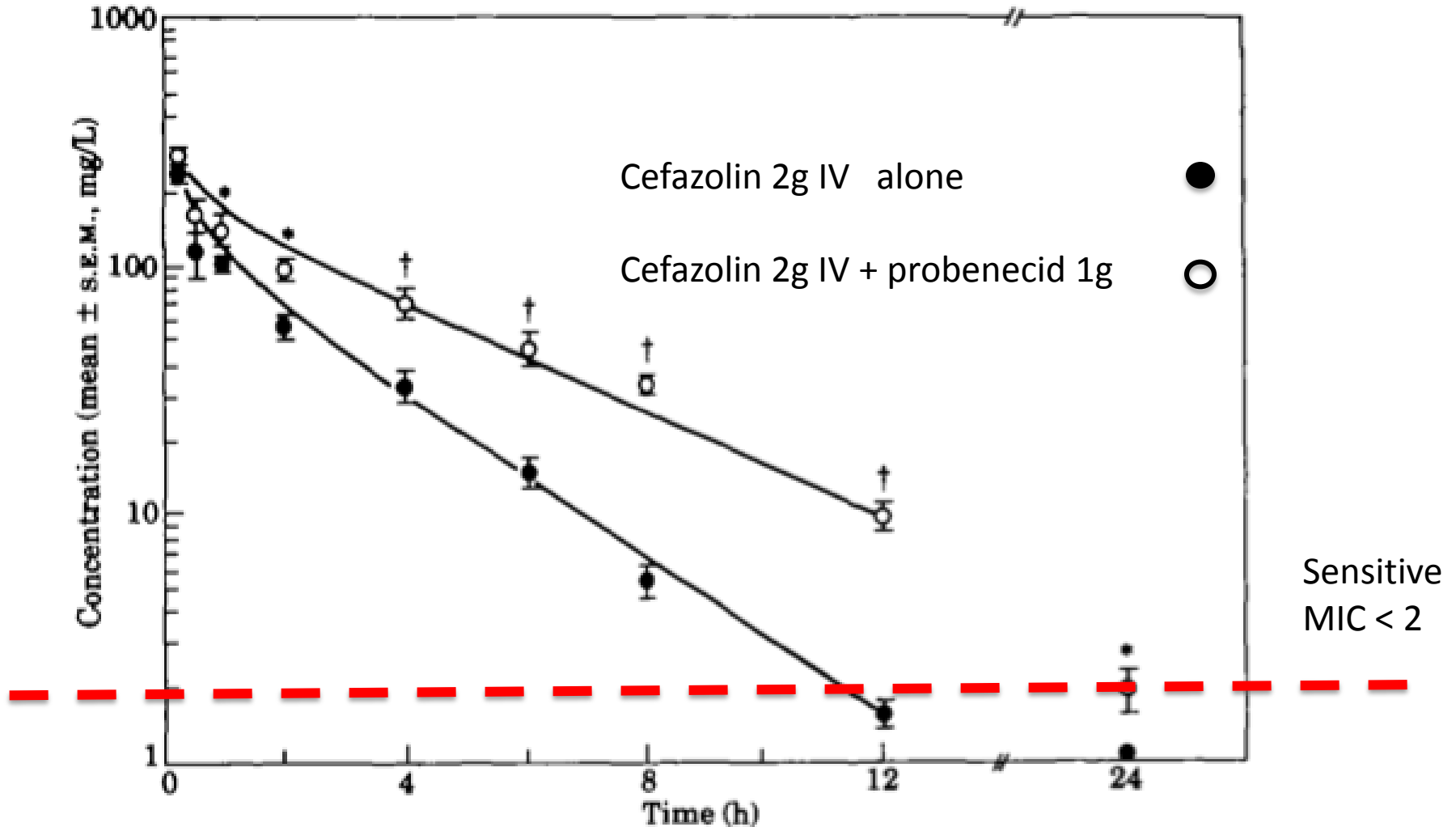
eg penicillin VK 500mg OD

amoxil 500mg OD

can be useful to prevent recurrences.

# Serum cefazolin levels

in relation to concentration required to inhibit S. aureus



# Serum flucloxacillin levels in relation to concentration required to inhibit *S. aureus*

