PATIENT INFORMATION LEAFLET

CELLULITIS AND ERYSIPELAS

WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you learn 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?

Cellulitis and erysipelas are common skin infections.

Erysipelas affects the top layers of the skin, near the surface. Cellulitis affects the deeper layers.

These two conditions are very similar. They can overlap, so it is not always easy to tell them apart.

WHAT CAUSES CELLULITIS AND ERYSIPELAS?

Both conditions are caused by bacteria. These bacteria can enter the skin through a break or crack. The place where they get in can be so small that you may not notice it.

Erysipelas is usually caused by a type of bacteria called streptococci. Cellulitis is often caused by the same bacteria.

Sometimes, other types of bacteria can also cause these infections.

WHO GETS CELLULITIS AND ERYSIPELAS?

Anyone can get these infections. They are more likely to come back if you have had them before.

People with lymphoedema are at the highest risk. Lymphoedema causes long-lasting swelling of an arm or leg. The swelling makes infections more likely. Swollen skin is easier to damage and takes longer to heal.

Other things that can make these infections more likely include:

- Skin conditions that damage the skin, such as athlete's foot or eczema
- Cuts, insect bites, or injections
- Wounds, such as leg ulcers or pressure (bed) sores
- Poor blood flow, for example if someone is overweight
- Long-term liver disease, for example liver cirrhosis
- Diabetes that is not well controlled (high blood sugar levels)
- A weak immune system (babies, older adults, or people taking certain medicines)
- Drinking too much alcohol
- Injecting drugs that are not prescribed

ARE CELLULITIS AND ERYSIPELAS HEREDITARY?

No. These conditions are not passed on from parent to child.

WHAT DO CELLULITIS AND ERYSIPELAS FEEL AND LOOK LIKE

The affected skin can become:

- Painful, swollen, firm, and hot
- Red (in white skin) or purple/darker (in brown or black skin)

Other changes can include:

- Blisters filled with clear fluid or blood
- The affected red/darker area of skin can get larger quickly. This could be within hours or over a few days
- Swollen and tender glands in your neck, armpits, or groin

You may also feel unwell with a high temperature, shivers, or flu-like symptoms.

You can get cellulitis and erysipelas on any part of your body. Cellulitis often affects the lower leg. Erysipelas usually affects the legs or face.

Cellulitis has edges that are not very clear. Erysipelas has clear edges.

HOW WILL CELLULITIS AND ERYSIPELAS BE DIAGNOSED?

A healthcare professional diagnoses cellulitis or erysipelas by looking at your skin and checking your symptoms. They may also ask about your recent injuries or your medical history.

Your healthcare professional may take a skin swab or a blood test to find the bacteria. But these tests do not always show the bacteria.

They may also draw a line around the edge of the affected area on your skin. This helps them see if the infection is spreading or improving over time. You may be asked to check this at home and contact your healthcare professional if the affected area spreads beyond the line or becomes larger.

ARE CELLULITIS AND ERYSIPELAS SERIOUS?

Cellulitis and erysipelas can be mild or severe. How serious the infection is depends on:

- How large the affected area is
- Which part of the body is affected
- Whether you feel unwell, for example if you have a fever

Infection on the face is usually more serious because it is close to the eyes and brain.

Other health conditions mentioned earlier can also make the infection worse.

If you do not get treatment quickly, cellulitis and erysipelas can lead to serious problems, including:

- Sepsis – when the infection spreads into the blood and makes you very unwell
- Abscess – a lump or blister filled with pus
- Infection spreading to deeper tissues, such as muscle or bone
- Long-term swelling
- Getting cellulitis or erysipelas again in the same place
- Problems affecting other organs, such as the kidneys
- If erysipelas is on the face, the eye and the area around it may swell. In rare cases, it can lead to a serious infection such as bacterial meningitis. This is an infection of the lining around the brain.

ARE CELLULITIS AND ERYSIPELAS CONTAGIOUS?

No. You cannot pass them to other people.

They are different from impetigo. Impetigo is a skin infection caused by bacteria, which can spread to others through close contact.

CAN CELLULITIS AND ERYSIPELAS BE CURED?

Yes. Treating the infection early with antibiotics usually cures it. It also helps stop it from spreading and possibly causing serious problems.

WHAT TESTS ARE NEEDED FOR CELLULITIS AND ERYSIPELAS?

Most people with cellulitis or erysipelas do not need any tests.

Some people may have blood tests or skin swabs. These tests check for other health conditions that can make the infection worse.

WHAT IS THE TREATMENT FOR CELLULITIS AND ERYSIPELAS?

Your doctor will give you antibiotics to treat cellulitis or erysipelas. Start them as soon as you can. Keep taking them until the course is finished, even if you feel better.

Most people take a penicillin-based antibiotic called flucloxacillin. You must tell your doctor if you are allergic to penicillin.

People with lymphoedema usually need a longer course of antibiotics.

If you do not feel better after 2-3 days, or if the affected area spreads or becomes larger (for example, extends beyond the line drawn on your skin), contact your healthcare professional. You may need a higher dose or a longer course of antibiotics.

Call 999 or go to A&E immediately if you have:

- Severe dizziness
- Fast heart rate
- Confusion
- A very high temperature or severe shivering
- Loss of consciousness

For severe infections, you may need to have antibiotics through a drip directly into your blood.

You can take painkillers like paracetamol to help with pain.

If cellulitis or erysipelas keeps coming back, your doctor may give you long-term antibiotics.

SELF-CARE (WHAT CAN I DO?)

- Raise the affected area when sitting or lying down. This helps reduce swelling.
- For leg infections, raise your foot above your hip.
- Drink plenty of fluids to keep hydrated.
- See your doctor if you think the infection is coming back.
- Check your skin often for new breaks or cuts.
- Clean any breaks in the skin as soon as you notice them. You can use antiseptic cream, a gentle cleanser, or a soap substitute.
- Look after your skin. Keep it clean and moisturised. Use moisturisers if your skin is dry or broken.
- Treat skin conditions that cause broken skin. This helps stop bacteria from getting in.
- If the infection was in your leg, your doctor may suggest that you wear compression stockings. These are tight socks that help reduce swelling, for example if you have lymphoedema. You would continue wearing them after the infection has cleared. If your leg stays swollen, wearing them for longer may help prevent future infections.

Gentle exercise and weight loss (if advised by your doctor) can help reduce any remaining swelling in your leg.

CAUTION: this leaflet mentions emollients' (moisturisers). Emollients, creams, lotions and ointments contain oils. When emollient products get in contact with dressings, clothing, bed linen or hair, there is a danger that they could catch fire more easily. There is still a risk if the emollient products have dried. People using skincare or haircare product8 s should be very careful near naked flames or lit cigarettes. Wash clothing daily and bedlinen frequently, if they are in contact with emollients. This may not remove the risk completely, even at high temperatures. Caution is still needed. More information may be obtained at: www.gov.uk/guidance/safe-use-of-emollient-skin-creams-to-treat-dry-skin-conditions

WHERE CAN I GET MORE INFORMATION ABOUT CELLULITIS AND ERYSIPELAS?

Weblinks to other relevant sources:

NHS:
www.nhs.uk/conditions/cellulitis/

Patient Info:
patient.info/skin-conditions/skin-rashes/cellulitis-and-erysipelas

DermNetNZ:
dermnetnz.org/cme/bacterial-infections/cellulitis

dermnetnz.org/topics/erysipelas

Jargon Buster:
www.skinhealthinfo.org.uk/support-resources/jargon-buster/

Please note that the British Association of Dermatologists (BAD) provides web links to additional resources to help people access a range of information about their treatment or skin condition. The views expressed in these external resources may not be shared by the BAD or its members. The BAD has no control of and does not endorse the content of external links.

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: individual patient circumstances may differ, which might alter both the advice and course of therapy 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

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