**Purulent SSTI**

* **Folliculitis:** Infections at the superficial layer that involve inflammation of the hair follicle. Only the epidermal layer contains pus.
* **Furuncles:** Infections that spread to the subcutaneous tissue from a hair follicle. Containing purulent material.
* **Carbuncles:**  A collection of coalesced furuncles that extends into the subcutaneous tissue.
* Most common cause: **S. aureus**
	+ Other causes: P. aeruginosa and Candida

**Nonpharmacologic Treatment**

* Moist compresses for non-open wounds, proper wound care, anti-inflammatory agents/analgesics

**Pharmacologic Treatment**

\*Systemic signs of infection are defined as tachypnea >24 breath per minute, tachycardia >90 beats per minute, WBC >14K or <400 cells/µL, temperature >38 C or <36 C, hypotension.

**Non-Purulent SSTI**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Erysipelas** | **Cellulitis**  | **Necrotizing Infection** |
| **Common pathogens** | S. Pyogenes  | S. pyogenes and S. aureus  | Aerobes (including MRSA and streptococcal species) and anaerobes (clostridial species). |
| **Risk factors** | * Infants/young children
* Elderly
* patients with nephrotic syndrome
 | * Wound from trauma, ulcer, surgery, or abrasion
 | * Diabetes
* Peripheral vascular disease
* Neoplasm
 |
| **Clinical Presentation** | Symptoms: * Flu-like symptoms

Signs:* Lesion is erythematous and edematous with lymphatic streaking
* Raised boarder
 | Symptoms:* Area is warm to touch/painful
* Fever/chills
* Hypotensive, dehydrated, AMS (severe cases)

Signs:* Non-elevated lesions
* Erythema, warmth, edema
* Inflammation with minimal or no necrosis
 | Symptoms:* Fever/chills
* painful
* Failure to antibiotic therapy

Signs:* Rapid progression (medical emergency)
* Hot, erythematous, swollen
* Shiny, tender, hard, wooden feel
 |
| **Antibiotic therapy**  | Mild/Moderate:* Procaine Penicillin G IM **x 1 dose**
* Penicillin VK PO

Severe:* Aqueous Penicillin G IV x 2-3 days, then switch to PO penicillin VK

Allergy: Clindamycin (PO/IV) | Mild (PO):* Penicillin VK **or** cephalosporin **or** dicloxacillin **or** clindamycin

Moderate (IV): * Penicillin G **or** ceftriaxone **or** cefazolin **or** clindamycin

Severe (IV):* Vancomycin **and** piperacillin/tazobactam
 | Surgical intervention and debridementEmpiric therapy: * vancomycin **and** piperacillin/tazobactam **or** carbapenem **and** clindamycin
* MRSA: Vancomycin
* Streptococcal or clostridial species: Penicillin G **and** clindamycin
 |
| **Duration of therapy** | 7-10 days | Mild cases: 5 daysModerate-Severe Cases: 10 days | Antibiotics are given until no surgical intervention is needed, clinical improvement, and patient is afebrile for at least 2 days. |
|  | Illustration: Typical characteristics of erysipelas – as described in the article | Illustration: Typical characteristics of cellulitis – as described in the information |  |

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