

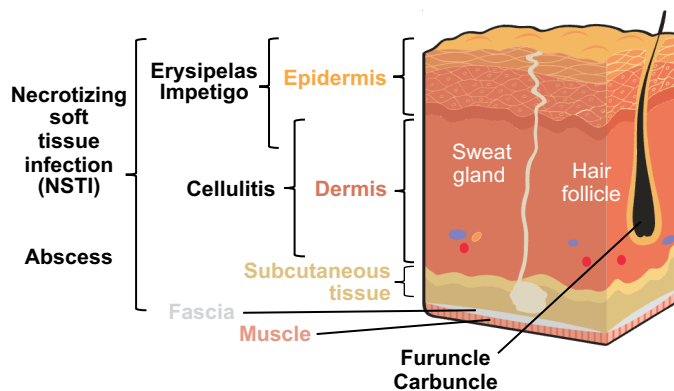


SIGNS & SYMPTOMS

- Erythema, warmth, tenderness, pain, fever, purulence
- Systemic signs:** Temp. $>38^{\circ}\text{C}$, HR >90 , RR >24 or WBC $<12,000$ or <300 cells/uL

HISTORY

- Onset of signs/symptoms? Progression?
- Association with trauma?
- Burn(s), frostbite, pressure ulcer, post-surgical?
- Environmental risks? Vaccination history?
- Severity of pain? Radiation?
- Loss of function? Joint involvement?

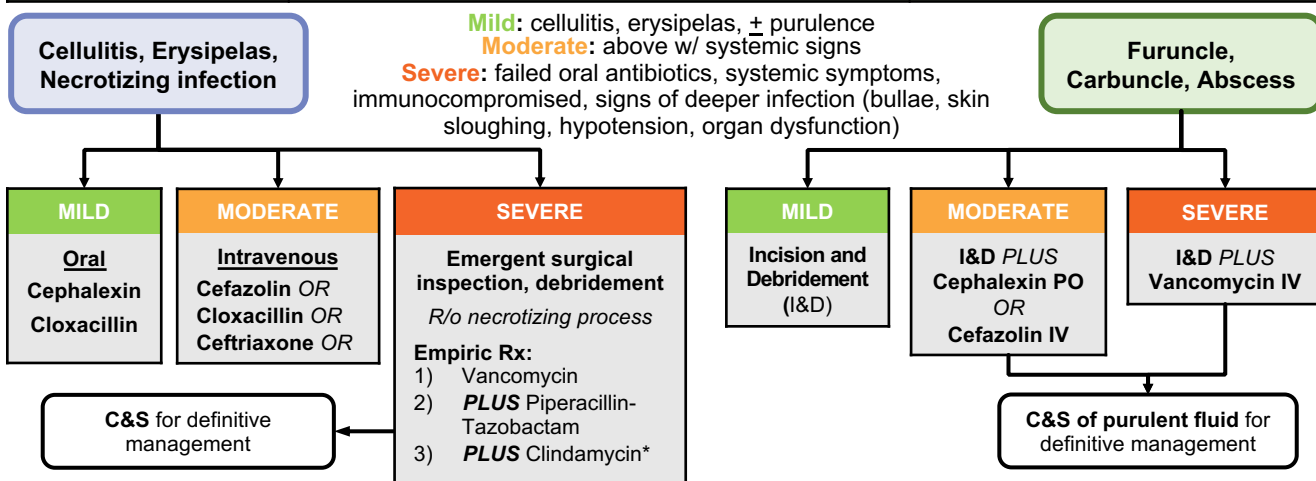


Non-Purulent SSTI

Erysipelas	Associated with fever, <u>well demarcated</u> erythema	Group A <i>Streptococcus</i> (GAS)	
Impetigo	Non-bullous: painless, erythematous base w/ honey-crusted exudate on face/limbs	<i>S. aureus</i> , GAS	
	Bullous: clusters of bullae/solidary lesions of exudate \pm desquamation	Toxin producing <i>S. aureus</i>	
Cellulitis	Edema, pain, <u>poorly demarcated</u> erythema. Orbital cellulitis is a medical emergency!	GAS, <i>S. aureus</i>	
Necrotizing Soft Tissue Infection (NSTI)	Generally, rapidly evolving, pain out of proportion, erythematous rash w/ fever, toxic appearance, & thrombocytopenia. Hemodynamically unstable.	Monomicrobial <i>S. aureus</i> most common	Polymicrobial GAS, MRSA, VRE, <i>Clostridium</i>

Purulent SSTI (Drainable Collection)

Cutaneous / Deep Soft Tissue Abscess	Collection of pus	<i>S. aureus</i> (community-acquired MRSA), GAS
Furuncles, Carbuncles \pm Cellulitis	Furuncles (boils) are skin abscesses that involve a hair follicle. Carbuncles are clusters of furuncles.	<i>S. aureus</i> (including MRSA), GAS



NSTIs IN PEDIATRICS



- No skin manifestations in up to 50% of cases.
- A prolonged prodrome or perceived slow onset should **NOT** rule out an NSTI.
- May present with multifocal sites. Always check for additional sites during the physical exam.

EAGLE EFFECT



The **Eagle Effect** is the paradoxical effect of reduced penicillin efficacy at higher antibiotic doses. **Clindamycin** also inhibits bacterial toxin production.