

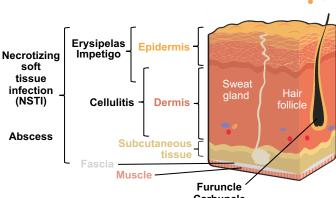
SKIN AND SOFT TISSUE INFECTIONS



Erythema, warmth, tenderness, pain, fever, purulence
Systemic signs: Temp. >38°C, HR >90, RR >24 or WBC <12.000 or <300 cells/uL

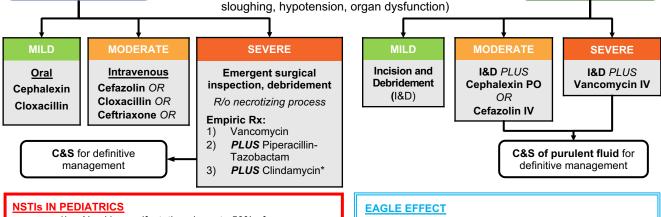
HISTORY

- 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	Associa	ated with fever, well demarcated erythema	Group A Streptococcus (GAS)	
Impetigo	Non-bullous: painless, erythematous base w/ honey-crusted exudate on face/limbs		S. aureus, GAS	
	Bullous: clusters of bullae/solidary lesions of exudate + desquamation		Toxin producing S. aureus	
Cellulitis	Edema, pain, <u>poorly demarcated</u> erythema. Orbital cellulitis is a medical emergency!		GAS, S. aureus	
Necrotizing Soft Tissue Infection (NSTI)	Generally, rapidly evolving, pain out of proportion, erythematous rash w/ fever, toxic appearance, & thrombocytopenia. Hemodynamically unstable.		Monomicrobial S. aureus 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 <u>+</u> Cellulitis		Furuncles (boils) are skin abscesses that involve a hair follicle. Carbuncles are clusters of furuncles.	S. aureus (including MRSA), GAS	
Cellulitis, Erysipelas, Necrotizing infection Mild: cellulitis, erysipelas, ± purulence Moderate: above w/ systemic signs Furuncle, Carbuncle, Abscess Severe: failed oral antibiotics, systemic symptoms, immunocompromised, signs of deeper infection (bullae, skin Carbuncle, Abscess				



1) No skin manifestations in up to 50% of cases.

 A prolonged prodrome or perceived slow onset should <u>NOT</u> rule out an NSTI.

May present with multifocal sites. Always check for additional sites during the physical exam.



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

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