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ERYSIPELAS: A RE-EMERGING DISEASE IN SOME WESTERN COUNTRIES

Stefano Veraldi[1].

[1]*Dipartimento di Anestesiologia, Terapia Intensiva e Scienze Dermatologiche, University of Milan (Milan, Italy)*

Aim: To present our experience in erysipelas (E.).

Methods: In the last 12 years, we have had the opportunity to follow several patients with E.

Results: In Italy, E. is more frequent than in the past. It occurs especially in females with >65 years of age.

Local predisposing factors are venous insufficiency, tinea pedis and lymphedema. Group A Streptococcus β hemolyticus is the etiological agent in 40-65% of cases. E. caused by Staphylococcus aureus is much more frequent than in the past (15-25% of all cases).

Early clinical picture is characterized by asthenia, chills and fever. Skin features are characterized by a single erythematous-edematous lesion, red in colour, accompanied by pain. Legs and thighs are involved in 85% of patients, the face in 15%. E. on the upper limbs is now more frequent than in the past.

Laboratory abnormalities include leukocytosis with neutrophilia and increased ESR, C-reactive protein and α-1 acid glycoprotein.

Systemic complications (glomerulonephritis, endocarditis and sepsis) are rare. Local complications (lymphedema, abscess and gangrene) are common. Death is rare. Recurrences are very frequent (20-35% of patients).

Penicillin G is the treatment of choise. Non-steroidal anti-inflammatory drugs must be avoided. The use of heparins is unnecessary.

The antibiotic of choice for prophylaxis is penicillin benzatin.

Conclusions: E. is more frequent than in the past. Objective of the therapy is to control the acute phase of the disease and to avoid the development of chronic lymphedema, in which skin ulcers represent a common complications.