



HOLY FAMILY
PARISH

PARISH NURSE MINISTRY NEWSLETTER

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Cellulitis

Sirach:38,4. The Lord created medicines from the earth, and a sensible person will not hesitate to use them.

Cellulitis is a common, potentially serious bacterial infection of the deep layers of the skin; most commonly caused by bacteria that normally live on the skin's surface. Skin on the lower legs is most commonly affected, though cellulitis can occur anywhere on your body and face. Cellulitis that affects the underlying layers of the skin can spread to your lymph nodes and bloodstream. Left untreated, the spreading infection may rapidly turn life-threatening. That's why it is important to seek immediate medical attention if cellulitis symptoms occur.

Causes Cellulitis occurs when one or more types of bacteria enter through a crack or break in your skin. The two most common types of bacteria that are causes are streptococcus and staphylococcus. The incidence of more serious Staphylococcus infection called Methicillin resistant Staphylococcus aureus (MRSA) is increasing. Bacteria is most likely to enter disrupted areas of the skin, such as where you've had recent surgery, cuts, puncture wounds, an ulcer, athlete's foot, dermatitis, and insect or spider bites that can transmit the bacteria that start the infection. Areas of dry flaky skin can also be an entry point, as can swollen skin. Use of illegal intravenous drugs and chronic swelling of your arms and legs (lymphedema) can be another cause.

Signs & Symptoms. Redness, swelling and tenderness, warmth of the affected skin, fever and chills, swollen glands or lymph nodes, small red spots on top of reddened skin, Pebbled look like an orange peel, and less commonly, small blisters may form and burst.

When to see a Doctor and seek medical care. It's important to identify and treat cellulitis early because the condition can cause a serious infection by spreading throughout the body. Seek emergency treatment if you have a red, swollen, tender rash – and it's expanding without fever - or a rash that's changing rapidly and you have a fever.

Risk Factors. Risk factors can be a known injury – cut, fracture, burn, or scrape, weakened immune system like diabetes, chronic leukemias, HIV/AIDS, chronic kidney disease, liver disease, and circulation disorders, and use of certain corticosteroids, skin conditions like eczema, athlete's foot, chicken pox and shingles, chronic swelling of your arms and legs (lymphedema), history of cellulitis, intravenous drug use, and obesity.

Complications. Recurrent episodes of cellulitis may actually damage the lymphatic drainage system and cause chronic swelling of the affected extremity. In rare cases, the infection can spread to the deep layer of tissue called fascial lining. Flesh-eating strep, also called necrotizing fasciitis, is an example of a deep-layer infection. It represents an extreme emergency.

Tests and Diagnosis. A doctor can make a diagnosis from the appearance of the skin, blood tests, a wound culture, or other tests to rule out a blood clot deep in the veins of your legs.

Treatments and Drugs. Cellulitis treatment usually is a prescription antibiotic. Within three days of starting an antibiotic, let your doctor know whether the infection is responding to treatment. You'll need to take the antibiotic for up to 14 days. If they don't clear up, if

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