

COMMUNITY ACQUIRED SKIN AND SOFT TISSUE INFECTIONS

DIABETIC FOOT

Primer pyodermas

Classification: localized/diffuse (surgical treatment?)

uncomplicated/complicated (systemic antibiotic treatment?)

Complicating factor: involves the deeper layers of the skin, causes systemic symptoms

Necessity of surgical debridement

Complicating underlying disease or chronic skin infection

diabetes mellitus

immunosuppression

defect of the arterial/venous circulation

Acute wound infection

injury

operation

Bacterial agent: Staphylo, Streptococci – Choice of antibiotic treatment!

IMPETIGO:

bullosus (Exfoliative toxin producing *S. aureus*)

non bullosus (*S. aureus*, beta-haemolytic Streptococci – *S. pyogenes* etc)

echthyma (*S. pyogenes*)

FOLLICULITIS, FURUNCLE, CARBUNCLE

Abscesses draining in the hair follicles, involving the deeper layers of the skin

ERYSIPELAS, CELLULITIS (diffuse pyodermas)

Sudden onset with fever, systemic symptoms – gradual onset

Antibiotic treatment of pyodermas

Oral/iv (depending upon the severity of the disease and the general condition of the pt)

2. gen fluorokinolones and cotrimoxazol are NOT recommended!

UNSUCCESSFUL TREATMENT

Dosage; MRSA; Mixed infection; MISDIAGNOSIS!

NECROTIZING SOFT TISSUE INFECTIONS

Fascia and muscles are involved as well; Rapid necrosis; Systemic symptoms; Big mortality

necrotizing cellulitis

necrotizing fasciitis - type I

- type 2

necrotizing myositis

FASCIITIS NECROTISANS (Flesh-eating bacteria) – Differential diagnosis

Rapid destructions of the deep subcutaneous tissues and fascia, with relative intact skin and muscles

Bacteria: Type I.

Type II: Monomicrobial (most common *S. pyogenes*)

„Flesh-eating bacteria”: The speed with which Group A Streptococci induce local infection, multi-organ failure, and death cannot be matched by any other infectious organism

Diagnosis (severe systemic symptoms, big pain can indicate the examination, definitive diagnosis is surgical incision, lab tests are not specific; microbial cultures; imaging methods)

Treatment : Surgical – immediately (emergency) - Systemic antibiotics+Supportive treatment

Sartelli et al. World Journal of Emergency Surgery 2014 9:57

DIABETIC FOOT

Clinical appearance – wound without signs of inflammation – PEDIS grade 1 - 4

Microbial agents

Questions before treatment: Clinical signs? MRSA? *P. aeruginosa*? Severity?

Is it the first, or multiple antibiotic treatment?

Antibiotic treatment - Length of the treatment – 1-2 weeks until the acute symptoms heal (not until the healing of the wound)

<https://www.uptodate.com/contents/evaluation-of-the-diabetic-foot>

OSTEOMYELITIS

<https://www.medicinenet.com/osteomyelitis/article.htm>