

Erysipela

Template:Infobox - disease

Erysipelas or **rose** (lat. *erysipelas*) is acute localized inflammation skin with alteration total state of which the originator they are typically beta hemolytic streptococci group A ^[1] (*Streptococcus pyogenes*), less often groups C, G and B (*Streptococcus agalactiae*), by culture they can be sometimes proven golden staphylococci or G-bacteria. The most common is erysipelas occurs on feet and in the face. Entrance gate the infection is broken cutaneous barrier (maceration, leg ulcers, raga, erosion). It is transmitted from sick person a person or endogenously from the nasopharynx to the injured skin, in newborns to the umbilical cord. Incubation the time is short, usually 1-3 days.^[2] Disease has propensity to relapse , relapse arise mostly endogenous by reactivation bacteria . It can happen after erysipelas after period latency (1–4 weeks) to develop acute glomerulonephritis. In the Czech Republic is mandatory for the republic reporting erysipelas.^[3]

Clinical image

Sharp development total symptoms:

- fever with chills, pain head, sometimes nausea and general exhaustion.

Local symptoms:

- Mon several hours are created locally entry infection inflammatory to phlegmonous changes (redness, burning, itching, sensitivity until soreness, swelling), bearing has irregular shape, can be linguistically to expand;
- regional lymphadenitis.



Erysipelas in the face



Lymphedema on just bottom limb after recidivist erysipelas

Species

- *Erysipelas bullosum* - in a deposit arise vesicles and bullae
- *Erysipelas migrans* - primary the bearing will heal , but it will appear in the surrounding area new bearings
- *Erysipelas haemorrhagicum* - bleeding into blisters
- *Erysipelas gangrenosum* - dying skin
- *Erysipelas phlegmonosum* - propagation in depth (possible formation of cellulitis or necrosis fasciitis)
- *Erysipelas recidivans* - recurrent infection

Diagnostics

- clinical image;
- culture from the lesion erysipelas, aspiration from a lesion, biopsy - low interception originator;
- ASLO titer (antistreptolysin O) – skin infection they are very rarely guided increased by the ASLO title because streptolysin O is at local infection inactivated lipids contained in the skin;
- can be increased titer antibodies against deoxyribonuclease B.^[3]

Therapy

- crystalline penicillin iv, after improvement procaine penicillin im.
- symptomatic therapy
- peace on the bed
- in older patients it is necessary track cardiovascular function

Complications

Between complication belongs to: ^[4]

- Myocarditis, endocarditis or pericarditis,
- glomerulonephritis,
- rheumatic disabilities joints,
- pyartros,
- metastatic pneumonia,
- lymphedema,
- local devastation tissue, phlebitis or phlebothrombosis.

Links

Related articles

- Impetigo
- Infection streptococci group A
- Pyoderma
- Ecthyma

References

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2. Rozsypal, Hanuš. . *Základy infekčního lékařství*. - edition. Charles University in Prague, Karolinum Press, 2015. 572 pp. pp. 293-293. ISBN 8024629321.
3. <http://www.szu.cz/tema/prevence/erysipel-manual-iv>
4. DRLÍK, L – ŠKODOVÁ, H. Erysipel se závažnými interními komplikacemi. *Dermatologie pro praxi* [online]. 2008, y. 2, p. 154-155, Available from <<http://solen.cz/pdfs/der/2008/03/10.pdf>>.

Used literature

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