

Cellulitis

- ◆ Cellulitis is a localized area of soft tissue inflammation with infiltration of skin with white cells, capillary dilation and proliferation of bacteria.
- ◆ It is caused by Staph aureus and Strep pyogenes gaining entry through a break in skin integrity. There is a form that follows exposure of an open laceration to fresh lake water in which Aeromonas hydrophilia is implicated while exposure of an open laceration to sea water can be infected with Vibrio vulnificus.
- ◆ Infection may spread rapidly through lymphatics and blood and spreads occurs more rapidly with edema. (Elevate the involved part!)



Treatment

Streptococcal

- ◆ penicillin

Staphylococcus

- ◆ penicillinase-resistant penicillin

Fresh water injury

- ◆ penicillinase-resistant penicillin and aminoglycoside



Folliculitis

◆ Folliculitis is usually infection of hair follicles by staph aureus. However, there is a gram-negative variant (*pseudomonas aeruginosa*) acquired by "hot tubbing".

◆ Usually, folliculitis occurs after maceration under shoulder pads or sweaty garments, while hot tub folliculitis is associated with whirlpools, swimming pools, hot tubs, etc.

◆ It may develop on legs, arms, and trunk of wrestlers and may spread further by skin trauma. Occasionally, it may involve deeper tissues to become furunculosis although most heal spontaneously and hot tub folliculitis is self-limiting within 7-10 days.

Treatment

- ◆ Astringents and benzoyl peroxide
- ◆ Warm compresses
- ◆ Regular hand washing
- ◆ Wash contact clothing at high temperatures
- ◆ Antibiotics effective against staph aureus if necessary



Impetigo

Impetigo is a superficial skin infection caused by Staph aureus (80%), B-hemolytic strep (10%) or both. There are bullous (large blisters, less common) and non-bullous forms characterized by small, clear to amber vesicles that rupture quickly to develop a honey-colored crust.

Epidemiology

While it is most common in children and young adults, and most prevalent in Summer and Fall, it is also common in wrestlers, swimmers, gymnasts, football and soccer players.

Treatment

◆ Bactroban ointment TID x 10 days

Beta-lactamase resistant antibiotics

◆ Dicloxacillin

◆ Cephalosporin

General

◆ Local cleansing with hydrogen peroxide

◆ Avoid sharing athletic equipment or towels

◆ No participation until lesions dry and medically treated

NCAA

◆ No new lesions for 48 hours and/or completion of 3 days treatment



Paronychia

◆ Trauma to the cuticle allows entry of bacteriae. Nail biting, overenthusiastic manicuring etc. are often involved but health care workers and food processors are prone to a fungal type of infection as frequent water immersion and soaps or detergents will remove the protective skin oils, leaving the skin dry and more vulnerable.

◆ Infection can be extremely painful and pus is usually present, along with the cardinal signs of inflammation.



◆ Acute paronychia is usually caused by bacteria, usually staph, while chronic paronychia is most often caused by yeast.

◆ Acute infection may need decompressed by surgical incision usually parallel to the nail folds, but entering the cuticle proximally. Local anesthesia will suffice.

◆ Antibiotics effective against staph aureus may be necessary although effective drainage, a basic surgical principle, may make this unnecessary.



Felon

◆ A felon is a closed-space infection of distal pulp of the finger. As such, it presents with swelling and tension in fingertip pulp. There is throbbing pain if the process is at all advanced with some consequent relief with elevation of the hand.

◆ There are rare but potentially serious consequences if inadequate treatment which include tuft necrosis, osteomyelitis, and flexor tenosynovitis.



◆ Treatment includes incision and drainage under some form of local anesthesia.

◆ The incision should be unilateral - 0.5cms distal to distal crease to free edge of nail. The tissue can be 'opened' with blunt dissection to promote drainage of pus. the old-fashioned bilateral "fish mouth" incisions is no longer in favor.

◆ Antibiotic coverage for staph aureus can be provided but may not be needed if adequate drainage has been achieved.

