

Erysipelas in a Case of Uncontrolled Diabetes Mellitus

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Received: April 24, 2023; Accepted: May 11, 2023; Published: May 19, 2023

Keywords: *Erysipelas; Skin infections; Diabetes mellitus*

Erysipelas is a common and potentially dangerous bacterial infection that affects the skin and underlying tissues. It is usually caused by group A streptococcus bacteria, which can also cause other infections such as strep throat and impetigo. The hallmark of erysipelas is a distinctive raised and bright red rash that spreads rapidly and is usually accompanied by pain, swelling, and fever. The affected area may also feel warm to the touch. The infection can progress quickly and may cause serious complications if left untreated, including sepsis, cellulitis, and necrotizing fasciitis.

The diagnosis of erysipelas is usually based on clinical presentation and physical examination. A blood test or a culture of the affected area may also be performed to confirm the presence of group A streptococcus bacteria. Treatment typically involves a course of antibiotics, which may be administered orally or intravenously depending on the severity of the infection [1].

This 70-year-old male with poorly controlled Type 2 Diabetes mellitus (HBA₁C: 10.2%) presented to our OPD with the history of an erythematous rash over the anterior aspect of his Right Lower limb. On examination, the rash was sharply demarcated, raised, bright red rash which was tender on palpation (FIG. 1A).

He was started on a combination of amoxicillin and clindamycin, to which he responded well with good resolution of the rash after a week (FIG. 1B). In conclusion, erysipelas is a common and potentially dangerous bacterial infection that affects the skin and underlying tissues. Prompt clinical recognition and treatment is advocated without waiting for culture reports.



FIG. 1A

FIG. 1B

REFERENCES

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