LOWER LIMB CELLULITIS FOLLOWING GROUP A STREPTOCOCCUS INFECTION

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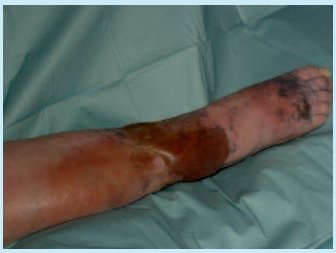
Introduction

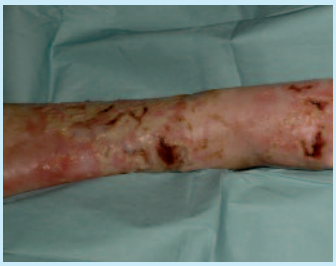
An 80 year old lady was admitted to an orthopaedic ward with large blistered areas to her right leg with purple areas of discolouration to her foot. This lady was in a nursing home and staff had initially reported painful redness in the leg, which rapidly became blistered. (Picture 1). Deterioration in general health had prompted hospital admission. A recent outbreak of Group A Streptococcus infection had been reported in the nursing home. Her past medical history included Bell's Palsy, failed right dynamic hip screw fixation and peripheral vascular disease. She was commenced on intravenous Vancomycin and Gentamycin.



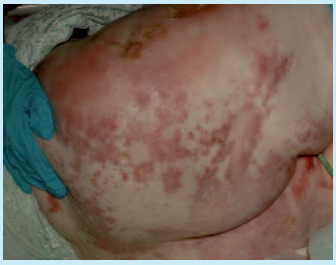
Picture 1 - 14/05/08

Method

Blistered areas were initially pierced to release fluid, a soft silicone dressing was left as a contact layer and outer absorbent dressings were changed daily. One week later, staff had reported that the blistered areas to the leg had become sloughy and the exudate was purulent and malodourous. A rash had also developed on her hip/buttock area. (Pictures 2 and 3). Pain levels had also become extreme. Dermatology confirmed a Streptococcus A infection in the buttock area for which a steroid cream was prescribed. She was also seen by the vascular team due to her known peripheral vascular disease who felt that an amputation was necessary, however she was not fit for theatre at that point and palliative management was advocated.



Picture 2 - 27/05/08

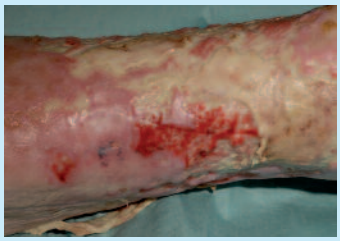


Picture 3 - 27/05/08

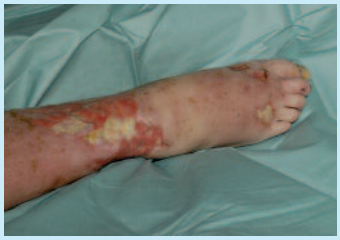
The aims of treatment were to reduce the malodour by gently removing the slough. Prontosan® Solution was used to irrigate the wounds and swabs soaked in solution placed over the wounds and left in place for 10 minutes. Prontosan® Gel was then applied to the sloughy areas of tissue before being covered with a non adherent soft silicone dressing and absorbent dressings. This was carried out daily.

Results

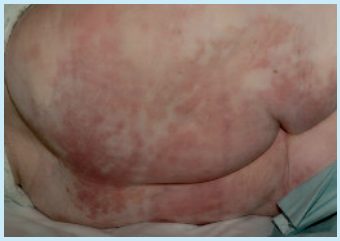
Within 3 days the sloughy tissue had started to separate (Picture 4). Over the next few weeks the patient reported a reduction in pain levels, sloughy tissue began to lift to reveal areas of granulation tissue, the rash to the buttock area had also improved (Pictures 5 and 6). The overall condition of the patient had improved significantly allowing discharge back to the nursing home. (Picture 7). Prontosan® Solution and Gel continued to be used until the wounds were healed.



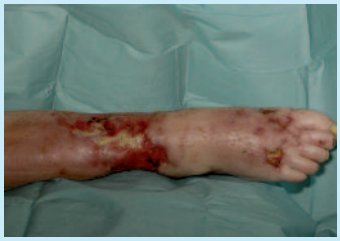
Picture 4 - 30/05/08



Picture 5 - 27/06/08



Picture 6 - 27/06/08



Picture 7 - 03/07/08

Conclusion

It is felt that Prontosan® Solution and Gel facilitated the gentle debridement of the devitalised tissue, reducing odour and pain. The leg healed completely thus avoiding the need for amputation. This lady was very pleased with the outcome, which has quickly enabled her to return to her normal life.

Acknowledgements
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