

PCF3 Guidelines: Acute inflammatory episodes in lymphoedema

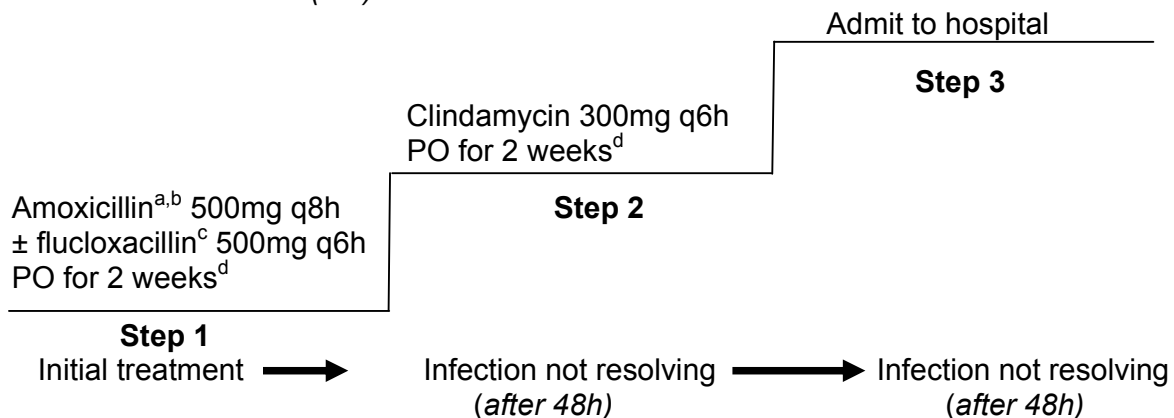
In lymphoedema, Acute Inflammatory Episodes (AIEs), often called cellulitis, are common. AIEs are frequently associated with septicaemia (e.g. fever, flu-like symptoms, hypotension, tachycardia, delirium, nausea and vomiting). It is often difficult to isolate the pathogen responsible for an AIE. However, Streptococcus is the mostly likely infective agent.

Evaluation

- 1 Clinical features
 - mild: pain, increased swelling, erythema (well-defined or blotchy)
 - severe: extensive erythema with well-defined margins, increased swelling, blistering and weeping skin; often accompanied by fever, nausea and vomiting, pain and, when the leg is affected, difficulty in walking.
- 2 Diagnosis is based on pattern recognition and clinical judgement. The following information should be solicited.
 - present history: date of onset, precipitating factor (e.g. insect bite or trauma), treatment received to date
 - past history: details of previous AIE, precipitating factors, antibiotics taken
 - examination: include the sites of lymphatic drainage to and from the inflamed area.
- 3 Establish a baseline
 - extent and severity of rash: if well demarcated outline with pen and date
 - level of systemic upset: temperature, heart rate, blood pressure, CRP, WBC
 - swab cuts or breaks in skin for microbiology before starting antibiotics.
- 4 Arrange admission to hospital for patients with septicaemia or those who deteriorate or fail to improve despite antibiotics.

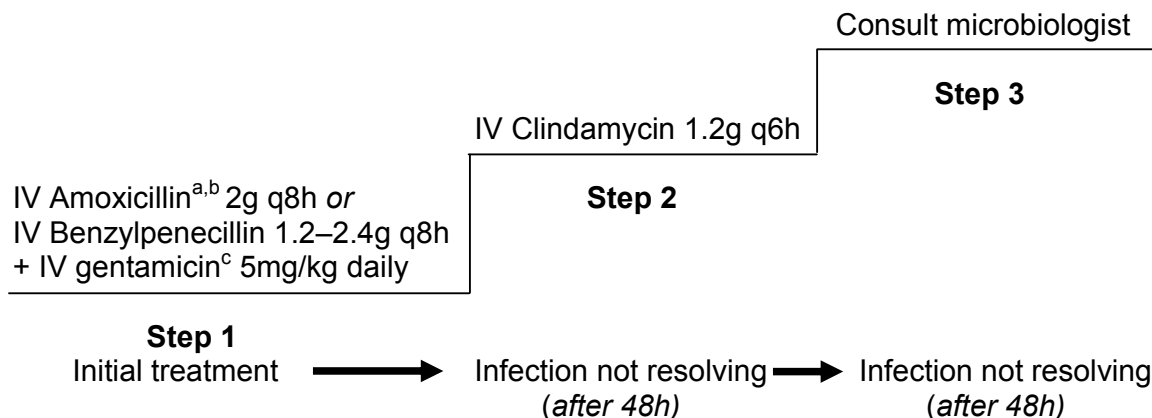
Antibiotics

- 5 All AIE should be treated promptly with antibiotics to prevent increased morbidity associated with increased swelling and accelerated fibrosis.
- 6 *Treatment at home (PO):*



- a. use clindamycin 300mg q6h in patients with penicillin allergy
- b. if there is a history of animal bite or lick, consider co-amoxiclav 2 tablets q8h (ciprofloxacin if penicillin allergic) to cover *Pasteurella multocida*, *Eikenella corrodens* and *Capnocytophaga canimorsus*
- c. add only if features suggestive of *Staph. aureus* infection, e.g. folliculitis, pus, crusted dermatitis
- d. continue for 2 weeks *after* a clinical response to treatment.

7 *Treatment in hospital (IV)*. Choice of antibiotics may vary with local policy. The following is based on the Lymphoedema Support Network recommendations:



Switch to PO amoxicillin 500mg q8h or clindamycin 300mg q6h when inflammation improving, no fever for 48h and CRP falling.

- a. IV clindamycin 1.2g q6h is an alternative for patients with a history of penicillin allergy
- b. if there is a history of animal bite or lick, consider co-amoxiclav, or ciprofloxacin if penicillin allergic
- c. dose adjusted according to renal function.

8 Antibiotic prophylaxis: For patients with ≥ 2 episodes of AIE/year:

- prescribe phenoxymethylpenicillin 500mg (1g in those >75kg) o.d. or if allergic to penicillin erythromycin 250mg o.d. or clarithromycin 250mg o.d. *for two years*
- if AIE develops despite antibiotics, consider a switch to clindamycin 150mg o.d. or clarithromycin 250mg o.d.
- if AIE develops on discontinuation of antibiotics, restart *life-long* prophylaxis.

General

9 Remember:

- bed rest and elevation of the affected limb in a comfortable position, supported on pillows is essential
- AIE are painful; analgesics should be prescribed regularly and p.r.n.
- compression garments should not be worn until limb is comfortable
- daily skin hygiene should be continued; washing and gentle drying
- emollients should not be used in the affected area if the skin is broken.

10 Patients should be educated about:

- why they are susceptible to AIE, i.e. skin crevices harbour bacteria, stagnant fluid, reduced immunity
- the consequence of AIE, i.e. increased swelling, more fibrosis, reduced response to treatment
- the importance of seeking prompt medical attention and treatment; in situations when accessing medical care may be difficult, e.g. holidays, provide a 2-week course of amoxicillin 500mg q8h (clindamycin 300mg q6h for those allergic to penicillin)
- the importance of daily skin care, i.e. to improve and maintain the integrity of the skin
- reducing risk, e.g. protect hands when gardening, cleanse cuts, treat fungal infections
- prophylaxis with antibiotics.