



ERYSIPELAS

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ERYSIPELAS

Erysipelas is an acute infectious and contagious dermatitis characterized by shining redness, swelling, pain and tenderness of the affected part of the skin, and caused by *Streptococcus pyogenes*. The organism gains entrance through some breach in the skin, which, however, may be so small as sometimes to escape detection. The appearance of the rash is preceded for about a day by malaise, headache, anorexia and even vomiting, chilliness or chills, and fever. Then is noticed a slightly swollen, coin-sized patch, red and peculiarly smooth and shining, with a well-defined and more or less elevated border. The lesion is hot and tender and causes throbbing pain, tingling, burning or mild pruritus. The redness, which at first is rosy but soon becomes a brilliant crimson, fades momentarily under pressure, but leaves a yellow stain. The patch may retain its original size, but far more commonly it spreads peripherally. In typical cases of moderate grade the inflammation reaches its maximum extent and severity in about a week, during which time the constitutional symptoms continue and the fever persists with evening exacerbations to 103°—106° F. With resolution all the symptoms subside, the skin desquamates and gradually returns to normal. Occasionally vesicles or bullae form upon the surface of the lesion. Their contents may become turbid, purulent or even bloody, and dry into crusts. Comparatively rarely, with deep infiltration, gangrene of the skin may result. Erysipelas migrans is the name given to that type of the disease which exhibits more than the ordinary tendency to spread. Its progress may be slow or rapid, and by equal advancement of the margin so that an entire region becomes covered, or the original lesion may send out irregular prolongations. While the disease advances in one part it may heal in another; occasionally it reappears in

an old area. The course of the disease may be prolonged in this way for weeks or even months. The face is the most common seat of erysipelas. It begins, as a rule, on or near the nose, starting frequently just inside the nostril, from fissures or infected vibrissa follicles, and spreads usually over both halves of the face. Its progress is sometimes arrested at the hair line of the beard or scalp. If the ears and eyelids are affected they become very edematous and painful. The lips may be greatly swollen and everted. Serious and often fatal complications arise when the inflammatory process spreads onto the mucous membrane, as of the eye, or through the mouth to the larynx and lungs; or when by deep invasion the meninges are involved. As a rule however it is only in the aged, the debilitated or in very young infants that a fatal termination need be apprehended. Causes of death other than those mentioned are exhaustion from prolonged fever or toxemia, metastatic infections or septicemia. One attack predisposes to another, but frequent recurrence in the same region indicates usually that the original portal of entry remains open. **DIAGNOSIS:** *Dermatitis venenata* and *erythematous eczema* both differ from erysipelas in that they are unaccompanied by constitutional symptoms, their lesions are less brilliant in color and lack the peculiar smooth, shining surface and sharply defined, elevated border. They start frequently from several points. The lesions of *dermatitis venenata* do not creep and the patches of *eczema* are often scaly and scratch marked and usually itch intensely. **TREATMENT:** The general symptoms require symptomatic treatment. Locally compresses wet with 95 per cent alcohol or a 25 per cent aqueous solution of ichthyol sometimes seem to help. An ichthyol ointment may be preferred.