

EMPIRIC CHOICE

- ✦ Uncomplicated cellulitis (with or without abscess; includes erysipelas) : cephalexin 500 mg p.o. QID
- ✦ Complicated cellulitis (SSSI severe enough to cause hospitalization): cefazolin 1 g iv q 8 h
- ✦ Suspected CA-MRSA cellulitis (assessment based on risk factors):
 - Uncomplicated: TMP/SMX DS 1 tab p.o. bid + cephalexin 500 mg po QID
 - Complicated: vancomycin 15 mg/kg iv q 12 h
- ✦ Cellulitis in known MRSA colonized patient: as per MRSA susceptibility

ROUTE

- ✦ Uncomplicated cellulitis: oral
- ✦ Complicated cellulitis: intravenous –if clinically improving, step down to oral after 24-48 hours

DURATION

- ✦ Uncomplicated cellulitis: 5 days
- ✦ Complicated cellulitis: 7-10 days

ALTERNATIVES FOR ALLERGIES

- ✦ Oral: Clindamycin or quinolone – TBA (as per LHIN document)
- ✦ IV: Vancomycin 15 mg/kg IV q 12 h

TOP FIVE ORGANISMS (what we expect for common organisms)

- ✦ Group A Streptococci – more likely causative organism in non-purulent SSSIs
- ✦ *Staphylococcus aureus* – more likely causative organism in purulent SSSIs
- ✦ MRSA
- ✦ Other Streptococcus spp.

CURRENT RESISTANCE ISSUES

- ✦ MRSA accounts for approximately 25% of all *S. aureus* isolates in Canada (CANWARD surveillance data)
- ✦ Avoid clindamycin in suspected CA-MRSA infections as risk of inducible resistance
- ✦ GAS remains 100% susceptible to penicillin

IMMUNOCOMPROMISED HOST CONSIDERATION

- ✦ Gram negatives including *Pseudomonas* should be considered if not improving on standard Rx OR if ecthyma gangrenosum – add ciprofloxacin or change to ceftazidime
- ✦ Consider fungal etiologies if associated skin lesions or if fail to respond to antibiotics after 1 week; suggest diagnostic biopsy

ADDITIONAL DIAGNOSTIC AND THERAPEUTIC COMMENTS

- ✦ Blood cultures may assist management in immunocompromised and clinically unstable patients
- ✦ Abscess without surrounding cellulitis may be cured with lancing (I&D: send for C+S) alone and no antibiotics
- ✦ For non-resolving cellulitis or if concerned about exposure related cellulitis (ie. bites, water), consult ID

References:

IDSA SSSI guidelines
Archives Int Med (JAMA Internal Medicine) 2004; 164(15): 1664-74
Diagn Microbiol Infect Dis 2011; 69(3): 320-5.