INFECTIONS, STIs, ROSACEA AND ACNE

Bacterial Infections

Dra. Ana Pulido Pérez
Treatment of Erysipelas and Cellulitis

• Considerable variations between guidelines and clinical practice

• Choosing ATB for SSTIs:
  • Adequate activity
  • Narrow spectrum
  • Minimal resistance
  • High local concentration
  • Minimal side effect
Treatment of Erysipelas and Cellulitis

• Clindamycin if bullous component (toxins!)

• Any difference of macrolides/clindamycin compared with penicillin/cephalosporins?1

• Do we need an empirical coverage for MRSA?2

1. Ferreira A et al. Meta-analysis of randomised trials comparing a penicillin or cephalosporin with a macrolide or lincosamide in the treatment of cellulitis or erysipelas. Infection. 2016
Treatment of Erysipelas and Cellulitis

• **Duration?**
  - Based on clinical response
  - Mostly 5-10 days, more severe 14d

• **Adjunctive treatment:**
  - NSAIDS: NSAIDS drug use and the risk of severe SSTIs
  - Neutrophil impairment? Delay diagnosis?
Treatment of Erysipelas and Cellulitis

Impact of intravenous Immunoglobulin on survival in necrotizing fasciitis

• FUTURE DIRECTIONS:

  • Phase II agents: Auriclosene (topical), Lefamulin

  • Genetic susceptibility to complicated skin infections (Toll-like receptors)

Lymphoedemas from recurrent Cellulitis

- Consensus document on the management of cellulitis in lymphoedema*

  - ATB treatment no less than 14 days (14d-2m)

  - Avoid compression garments while cellulitis active

  - Bed rest, elevation of relevant body part

  - Antibiotic prophylaxis should be considered in patients who have 2+ attacks per year (Penicillin V 250mg bd)

*British Lymphology Society and the Lymphoedema Support Network, December 2016
Lymphoedemas from recurrent Cellulitis

• Tropical lymphoedema:
  • Lymph filariasis (INFECTIOUS DISEASE)
  • Kaposi sarcoma (NEOPLASIA)
  • Podocoiniosis (GEO-GENODERMATOSIS): genetic + environment + poverty
POSTERS
Bacterial Infections

• Martínez-López A et al. Chronic osteomyelitis of femur presenting as pseudotumoral cutaneous lesion

• Matos-Pires E et al. Erysipeloid: case report and update

• Ieronymaki A et al. Six year retrospective study on the antibiotic resistance to mupirocin

• Gil-Redondo R et al. Cutaneous nocardiosis involving a patient under treatment with certolizumab
Viral and Fungal Infections

- Alcántara-Reifs CM et al. Atypical diffuse hand, foot and mouth disease in an immunocompetent adult
- Dhonncha EN et al. Springing up in two shakes of a lamb’s tail
- Martínez-Pallás I et al. Parapoxvirus skin infections
- Prieto-Torres L et al. Verrucous plaque-like lesion with progressive growth in the scalp of a 3-month-old infant
- Lucas S et al. Subcutaneous phaeohyphomycosis caused by Exophiala oligosperma
Parasitic Diseases/Infestations

• Sánchez-Bernal J et al. Multiple cutaneous leishmaniasis in a patient with ulcerative colitis in treatment with adalimumab

• Fernández-González P et al. Cutaneous leishmaniasis treated with PDT

• Cardenas-Gonzalez et al. Trombiculosis: clinical and dermoscopic findings

• Grau-Pérez M et al. Migratory panniculitis: beware of nematodes! A case report of gnathostomiasis in the canary Islands (Spain)
Conclusions

- We report the first confirmed case of Cutaneous Gnathostomiasis in the Canary Islands.
- We confirm the need of long-term follow-up in this entity.
- The role of the dermatologist is crucial in guiding the work-up and establishing the diagnosis in non-endemic areas.

Grau-Pérez M et al. Migratory panniculitis: beware of nematodes! A case report of gnathostomiasis in the canary Islands (Spain)