



AB208. 31. Cellulitis— are we ignoring the evidence base?

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Background: Cellulitis, or erysipelas can be defined as inflammation caused by infection of the dermal and subdermal tissues. Application of CREST and IDSA guidelines in the management of cellulitis is poorly studied and it is observed that current admission and prescription practices in Ireland vary widely and adhere poorly to guidelines. We aimed to examine adherence to these guidelines with regard to hospital admission and antimicrobial therapy.

Methods: Retrospective hospital-based cohort study of patients admitted with skin and soft tissue infections from 2013 to 2017. Study included purulent and non-purulent infections of the skin and subcutaneous tissues, not related to the head, neck or perianal regions. CREST and IDSA guidelines were used to assess appropriateness of admission and management.

Results: Of a total 757 patients, 520 were analysed as per inclusion criteria. Thirty-five percent (n=182) were inappropriate admissions with a mean average length of stay was 4.6 days, at an estimated cost of €909 per day. Appropriate admissions included those with systemic signs of infection, previously failed oral antibiotic therapy (12%), and unstable co-morbidities (17%). Five hundred and one of 520 (96%) were treated with a combination of flucloxacillin and benzylpenicillin, despite guidelines and study data suggesting monotherapy with flucloxacillin or equivalent as first line therapy.

Conclusions: Over a third of this patient cohort were inappropriately admitted and should have been allowed a trial of oral antibiotics at home as per guidelines. Closer adherence to guidelines and a higher threshold for admission could result in improved patient management and satisfaction and a significant decrease in admission numbers and cost.

Keywords: Cellulitis; management; guidelines; adherence levels

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