ABSTRACT

INTRODUCTION:
Cellulitis is defined as inflammation of skin and subcutaneous tissue, characterised by erythema, swelling, warmth and pain. It can affect any part but most commonly lower limb is involved. The identification of risk factors and timely intervention of lower limb cellulitis will reduce the morbidity and mortality.

AIM:
The aim of the study is to assess the risk factors of cellulitis lower limb and to study the clinical presentation and management of cellulitis lower limb.

MATERIALS AND METHODOLOGY:
A prospective study carried out in 100 Patients with cellulitis of lower limb admitted in general surgery OPD in Tirunelveli Medical College.

RESULTS:
Most of the patients affected were elderly population explained by poor immune response and associated comorbidities. Males (85%) affected more than females. Most patients had unilateral involvement (94%). High grade cellulitis are present in most cases. Regarding risk factors diabetes mellitus is more common followed by infected traumatic ulcers and post bite cellulitis. Pus culture showed staphylococcus aureus and streptococcus species are most common. Piperacillin tazobactum and imipenam are the most sensitive antibiotics in majority of cases. Doppler performed showed no patients in the study had deep venous thrombosis. Osteolytic changes were noticed in 12% of population. 13% of patients were managed conservatively, 75% of patients required wound debridement and fasciotomy, 12% required amputation. 61% of patients had resultant wound which healed by secondary intention, rest were treated by split skin grafting. 1% population expired because of septicaemia.

CONCLUSION:
This study on cellulitis lower limb found out that diabetes mellitus is the most common risk factor. Early screening and good glycaemic control prevent the incidence of cellulitis lower limb. Hospital admission for severe forms of cellulitis, appropriate and emergency surgical interventions as needed, employing culture directed antibiotics, managing comorbidities can salvage limb and lives.

KEY WORDS:
Cellulitis, Doppler, Amputation, Glycaemic, Septicaemia.