

Clinica-Medical Image

Cellulitis: Frequent Clinical Entity with Atypical Location

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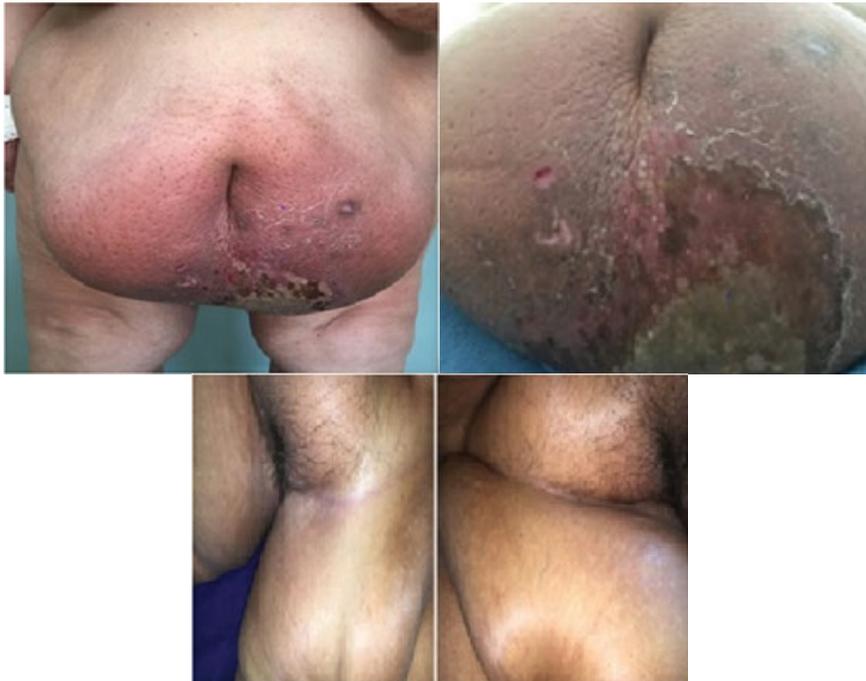


Figure 1: Cellulitis of the abdomen.

Figure 2: Large phlyctene with purulent content in the abdomen.

Figure 3: Bilateral inguinal intertrigo.

Clinical Image

Cellulitis is an infection of the deep dermis and subcutaneous tissue; the most common causative organisms are *Staphylococcus aureus* and beta-haemolytic *Streptococci*. It presents with expanding erythema, warmth, tenderness, and swelling. Individuals of any age or sex can be affected. It is a quite common infection typically develops in the lower limbs. However, atypical cases may occur about age, underlying morbidity, location or clinical appearance.

A 63-year old female with a hereditary familial obesity; she weighed 160 kg. She was admitted for an erythematous cupboard, hot, painful, and extensive in the abdomen (Figure 1) with purulent blister content (Figure 2), with as an entrance, a bilateral macerated inguinal intertrigo (Figure 3). She has had an encrypted fever and conservation of the general state. The biological assessment showed leukocytosis at $11510/\text{mm}^3$ with C-reactive protein elevated to 97 mg/. The treatment consisted of injectable antibiotics based amoxicillin and clavulanic acid dose of 4 g per 24 h and Amoxicillin dose of 2 g/day. The evolution was marked by the progressive regression of cutaneous lesions. The endocrinology consultation for the management of morbid obesity was appropriate.

Keywords: Cellulitis; Infection; Obesity; Tissue

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