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Acute Eczema with Cellulitis and Eruption on Both Legs – Case Study

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ABSTRACT

Introduction: Acute eczema is a chronic, relapsing, inflammatory skin condition characterized by an itchy red rash that favours the skin creases such as the folds of the elbows or behind the knees. Cellulitis can happen when bacteria enter a break in skin and spread. This results in infection, which may cause swelling, redness, pain or warmth. **Case Presentation:** A 60 years old male patient was admitted in hospital with chief complaints of itching, pain over both legs, pus formation, redness and swelling of both legs, oozing from skin lesions, multiple tiny itchy skin lesions all over the body, skin lesions over both foot for past 20 days. His culture reports and physical examination reveals that he was with Acute eczema with cellulitis. The patient was with confined therapy of antibiotics and topical agents along with 12 hourly observation. **Conclusion:** The patient was on rational antibiotic regimen along with regular counselling sessions, which includes points regarding the disease, treatment, and the lifestyle modifications. Pharmacists have an essential role in analysing a case study of patients and result excellence outcomes of the patient and better quality of life.

INTRODUCTION

Acute eczema is a genetic based dermatological problem which tends to begin early in life in those with a predisposition to inhalant allergies, but it probably does not have an allergic basis. Characteristically, rashes occur on the cheeks, neck, elbow and knee creases, and ankles.Eczema is a nonspecific term for many types of skin inflammation (dermatitis). There are different categories of eczema, which include allergic, contact, irritant, and nummular eczema, which can be difficult to distinguish from atopic dermatitis.

Eczema mainly occurs by infection from microorganisms, such a staphylococci or herpes simplex virus. This is because the normal barrier function of the skin has been damaged by the inflammatory condition. In this situation, the infection could be contagious and require antibiotics treatment. An important signal would be the development of fever and pustules, plus pain at the site of the rash.

CASE PRESENTATION

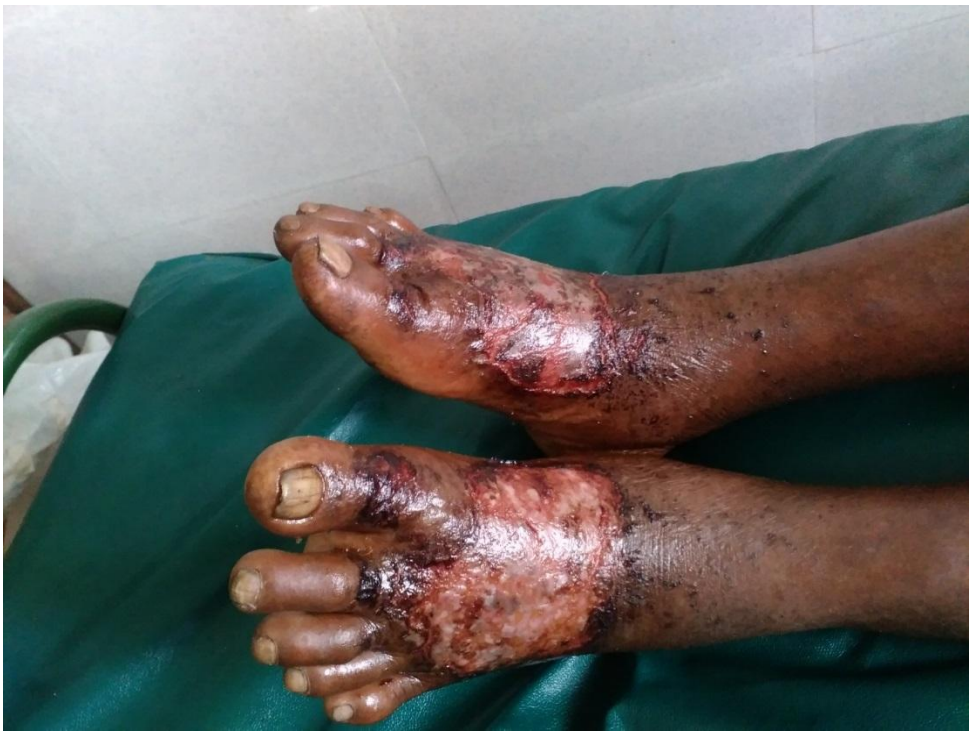
A 60 years old male patient was admitted in Government Hospital, Thiruvallur, Chennai with the chief complaints of itching, pain over both the legs associated with pus formation, redness and swelling, oozing from skin lesions, multiple tiny itchy skin lesions all over the body, skin lesions over both foot for past 20 days.

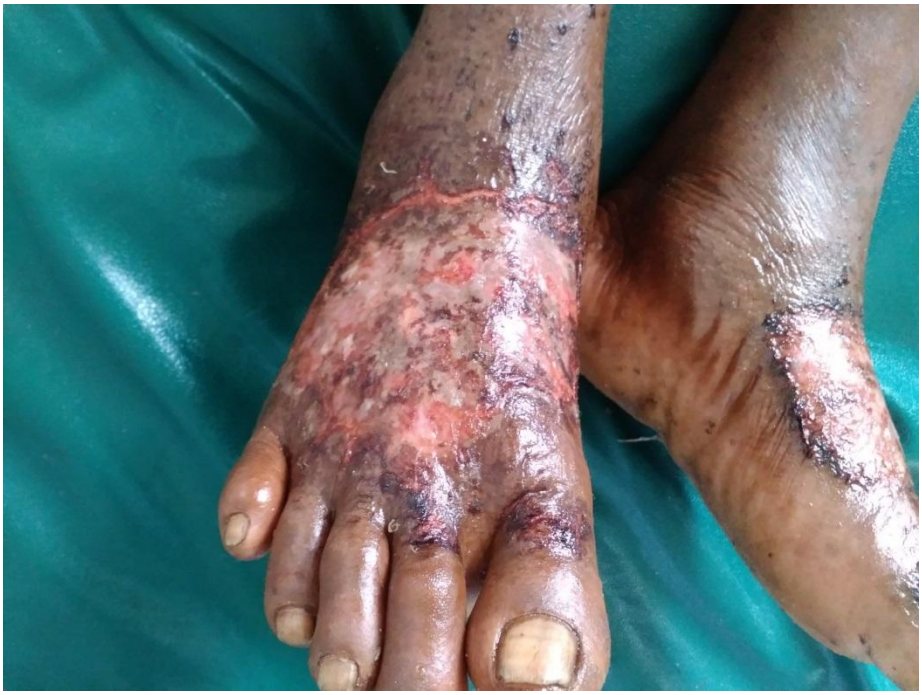
On examination, the Patient was conscious, oriented, moderately build, non-anaemic and afebrile at the time of admission. Physical examination showed Normal Temperature with Pulse rate of about 74 beats per min, Respiratory rate 20 per minute and blood pressure of 110 / 70 mm/Hg. His Laboratorial investigation showed white blood cells of 11,400 /µL, which seems to be increased than the normal count. Patient had bilateral swelling of both the legs which diffuse exudation and crushed plaque over dorsum of both foot along with multiple generalised papules of varying size.

The other biochemical reports were normal. The patient had no relevant family history and he is a smoker cum alcoholic and takes mixed diet. He is illiterate and lives on low socioeconomic status. His history includes caffeine intake and has normal sleep cycle along with normal bowel and bladder habits. The patient is not a known case of Diabetes mellitus, Hypertension, Bronchial asthma and Epilepsy.

Patient had normal oral and genital mucosa, normal palm, sole and eye at the time of admission, later developed with umbilicated vesicles and a number of lesions with a punched-out appearance. The patient was started Inj. Amikacin, Inj. Ranitidine, Inj. Ceftriaxone. Bacterial culture of the lower extremities wounds were carried out to identify the underlying bacteria. Liquid paraffin and saline soaks were advised. The patient was observed and counselled on 12 hourly to improve the condition.

FIGURES ILLUSTRATING THE PATIENT CONDITION





DISCUSSION

Atopic dermatitis, or eczema, is the most common chronic relapsing skin disease affects 10% to 30% worldwide. Patients with atopic dermatitis have increased susceptibility to bacterial, viral and fungal skin infections. *Staphylococcus aureus* is found in more than 90% of atopic dermatitis skin lesions.

Eczema herpeticum is an overwhelming infection of the skin with HSV (typically HSV-1) in patients who have an underlying eczematous skin disease, usually atopic dermatitis. Left untreated, cutaneous HSV infections can be severe, progressing to disseminated infection and even death. Recurrent infections are common but generally are less severe than the initial infection.

The culture reports revealed the presence of *Staphylococcus aureus* and *Escherichia coli*, confirmed the diagnosis, the patient was prescribed with rational antibiotics as per the culture sensitivity reports and regular topical applications. The prognosis chart of the patient was maintained in 12 hourly basis. The patient had symptomatic improvement along with skin recovery during the course in the hospital.

CONCLUSION

Atopic eczema is a chronic, relapsing, inflammatory skin condition characterized by an itchy red rash that favours the skin creases such as the folds of the elbows and extremities. The patient was on rational antibiotic regimen along with regular counselling sessions, which included points regarding the disease, treatment and the lifestyle modifications.As recurrent infections are very common in Eczematic patients, specialized care on his change of lifestyle and personal habits were highlighted. He improved systematically by treatment along with regular counselling sessions and got discharged with marked improvement. Additionally, the patient was alarmed to avoid unwanted over the counter medications and herbal drugs which can exacerbate the present condition. Pharmacists have an essential role in analysing a case study of patients and result excellence outcomes of the patient and better quality of life.

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