Case study

CASE REPORT ON CELLULITIS

ABSTRACT

Introduction:-Cellulitis is a bacterial infection that causes an inflammatory condition of the skin that affects the dermis and subcutaneous tissues.2016 (Lee and Levell). Cellulitis of the lower limbs is a potentially dangerous condition (Halpern et al, 2008).Rubor or erythema, which is warm to the touch and often combined with a degree of localised oedema, is the most common symptom. However, because diagnosis is dependent exclusively on clinical data, it is commonly misdiagnosed.[1] There are a number of different illnesses that have symptoms that are similar to cellulitis. The purpose of this page is to provide information on the clinical symptoms of lower limb cellulitis as well as treatment options ensuring that practitioners are capable of making an accurate diagnosis and developing successful treatment programmes.[2]

Clinical findings:

Fever, pain over right lower leg, wound peresent right dorsal foot, weariness, malaise, and swelling were the patient's main complaints.

Diagnostic Evaluation:-haemoglobin 14.7%,total RBC count 4.77, total WBC count 16100, platelet count 1.56 ,KFT – UREA -57 CREATININE -2.0 potassium- 4.6 ,LFT ALKALINE PHOSPHATE -105 ,ALBUMIN3- 0 TOTAL BILIRUBIN- 1.4 micro report is normal. His liver function and coagulation studies were normal. A diagnostic work-up that includes blood cultures, dengue, malaria smear, typhoid, and other tests. The following tests were sent: leptospirosis, monospot and stool investigations, and Clostridium difficile PCR.[3]

Therapeutic intervention:

Four primary analgesic drugs, antibiotics drug in penicillin.

Conclusion

My patient, a 65-year-old man, was hospitalised to the AVBR Hospital's medicine ward on June12, 2021.Fever, pain over right lower leg, wound present right dorsal foot, fatigue, malaise, and edema were among the symptoms that the patient had. His health improved when he received appropriate treatment. The patient was follow up after 1 weak.[4]

Key words:-Cellulitiis, lower extremity, sensitivity.

Introduction

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Cellulitis is a common surgical complication that is defined as a skin and subcutaneous tissue infection that spreads.The severity of the illness can range from minor to life-threatening.Lower limb cellulitis risk factors, common causal organisms, and their sensitivity are all hotly debated topics.The goal of this study is to determine the relative frequency of predisposing factors. To aid in the better management of lower meghe Wardha's medical ward. Chief complaints of Fever, pain over right lower leg, wound peresent right dorsal foot, fatigue, malaise, and edoema were among the symptoms that the patient had.[5]

Present medical history:

A patient was 65year old was admitted in surgery ward in Hospital Wardha .Fever, pain over right lower leg, wound peresent right dorsal foot, weariness, and other symptoms were diagnosed, Malaise. The patient displayed symptoms such as malaise and edoema.

Past medical historyS:

My patient has a history of tuberculosis,COVID-19 pulmonary illness, and no other medical conditions such as hypertension.

Family history :

My patient's family consists of four members, and he was diagnosed with maxillary sinusitis despite the fact that no one in his family had an abnormal genetic history.

He is a member of a nuclear family that lives together.

Past intervention and out come :

Fever, pain in the right lower leg, wound peresent right dorsal foot, fatigue, and other symptoms were identified in the patient.

HRCT scan will be performed MRI will be performed in AVBR Hospital on, and x-ray will be performed in Hospital Wardha.

Physical examination : In a head to foot examination, there are few abnormalities; the patient is obese, with a dull appearance**.** He is frail and uncooperative. Despite the fact that the patient had Fever, pain over right lower leg, wound present right dorsal foot, weariness.

Management:

Medical management :

My patient was hospitalised to on, and was prescribed inj penicillin.

Tablet Pantaparazole 40 mg , tablet paracetamol 500 mg ,tablet chymoral forte , tablet limcee and protein powder.

Iv fluid in normal saline in 500 ml .[6]

Surgical management:-

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There is no prior surgical history.

Nursing management :

This case belong to the medine as well as medicine department therefore using care played a vital role in every aspect .

Nursing diagnosis :

A)Acute pain in head, sinus related to Inflammation of the nose.

Nursing intervention	**Rationale**
1..Determine the severity of the patient's suffering.	Knowing the patient's current level of pain can help you decide what to do next.
2..Explain the causes of pain and how it affects the patient and their	With the causes and consequences of pain the patient is expect
3.Teach relaxation techniques and distraction.	The patient know the distraction and relaxation technique can be practice so as if in pain.

B)Imbalance nutrition pattern less than body requirement .

Nursing Interventions	**Rationale**
1.Assess the level of nutritional pattern.	Toknow the level of weakness
2. Consultache **co**-ordinatewithhealth care team member of varoius department included in case.	To confirm the final diagnosis.and preapre nursing diagnosis to provide effective care.
3.Administer the medication as prescribed by the doctor **.**	To provide the patient with healthy diet in order to cope up with daily activity.

C)Reduce sleeping pattern related to disease condition and hospitalization .

1.Assess the sleeping pattern of the patient**.**	To know the baseline data of the sleeping pattern.
2. A maintain clam and quite environment .	For well sleep of the patien**t**
3.To give the prescribed medication as per doctor order	For fell betterment of the patient.

D)Fear and anxiety related to hospitalization secondary related to disease condition.

Nursing Interventions	**Rationale**
1.Maintain rapport with the patient and his family	To induse comfort so that they can share about the quires and problem**.**
2.provide information about the state of	To improve the patient's and family's

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the disease and treatment options .	understanding of disease conditions and treatment option**.**
3.counsel the patient regarding the mention fear and anxiet**y.**	To prepare the patient for surgery.

Follow up :

After one month, the patient is advised to return to the hospital.

Injection penicillin 500 mg OD × 7 days

Tablet Pantaparazole 40 mg OD × 7 days

Tablet paracetamol 500 mg SOS × 7 days

Tablet chymoral forte BD × 7 days

Protein powder 2 tbsp BD × 1 months

The patient was also advice :

To get enough rest and prevent becoming exhausted.

To keep the body hydrated, drink enough of oral fluids.

To improve the body's haemoglobin level and immunity, eat a diet rich in iron and fiber.

Deep breathing and leg exercises, as well as everyday walking, can help to prevent blood clots and chest infections.[7]

Discussion:-

a 65-year-old male adult was hospitalised to the surgery ward with Fever, discomfort over right lower leg, wound peresent right dorsal foot, fatigue, and other symptoms were diagnosed as Fever, pain over right lower leg, wound peresent right dorsal foot, weariness, and other symptoms. After being diagnosed and receiving the necessary treatment, he has shown significant improvement. Psychological stress was experienced by the patient and her family, which was alleviated to some extent by being an active listener and offering appropriate counselling.. All the required investigation were done. His health improved when he received appropriate treatment.[8]

They graded severity using the Dundee criteria and subsequently evaluated the appropriateness of the recommended antimicrobial regimens. 17 They discovered considerable overtreatment of skin and soft tissue infections (SSTIs) (both in terms of antibiotic spectrum and method of administration), especially in the lowest severity category, where 65 percent of patients were assessed to have been overtreated.[9] Thirty-day mortality and undertreatment rose with illness severity class, from 1% death and 14% undertreatment in the class I severity group to 33% mortality and 92% undertreatment in the class IV severity group. These data show that the existing severity grading method is not a reliable tool for directing empirical therapy. There was

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no significant difference in antimicrobial medication or treatment results between patients with class I and II severity, indicating that these two groups might be combined, further simplifying the categorization. Other skin and soft tissue infection severity and prognosis rating systems have been developed but have yet to be verified.[10] 18 National Institute for Health and Care Excellence (NICE) moderate- and high-risk criteria (Box 3 displays the high-risk criteria) may assist physicians in quickly identifying individuals with sepsis related to cellulitis who require immediate admission and examination.[11]

Conclusion

My patient, a 65-year-old man, was hospitalised to the AVBR Hospital's medicine ward on June12, 2021.Fever, pain over right lower leg, wound present right dorsal foot, fatigue, malaise, and edema were among the symptoms that the patient had. His health improved when he received appropriate treatment. The patient was follow up after 1 weak.

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References:-

1. Swartz MN. Cellulitis. New England Journal of Medicine. 2004;350(9):904-12.
2. Bisno AL, Stevens DL. Streptococcal Infections of Skin and Soft Tissues. New England Journal of Medicine. 1996;334 (4):240-6.
3. Baddour LM. Cellulitis syndromes: an update. International journal of antimicrobial agents. 2000;14(2):113-6.
4. Nichols RL, Florman S. Clinical presentations of soft-tissue infections and surgical site infections. Oxford University Press; 2001.
5. Rendi-Wagner P, Schwartz E. Epidemiology of Post-Travel Illnesses. Tropical Diseases in Travelers. 2009:13-26.
6. Claeys KC, Lagnf AM, Patel TB, Jacob MG, Davis SL, Rybak MJ. Acute Bacterial Skin and Skin Structure Infections Treated with Intravenous Antibiotics in the Emergency Department or Observational Unit: Experience at the Detroit Medical Center. Infectious Diseases and Therapy. 2015;4(2):173-86.

7. Chlebicki MP, Oh CC. Recurrent cellulitis: risk factors, etiology, pathogenesis

8. Ki V, Rotstein C. Bacterial skin and soft tissue infections in adults: A review of their epidemiology, pathogenesis, diagnosis, treatment and site of care. The Canadian Journal of Infectious Diseases & Medical Microbiology. 2008;19(2):173-84.

9. Tiwari AK, Lal R. Study to evaluate the role of severity stratification of skin and soft tissue infections (SSTIs) in formulating treatment strategies and predicting poor prognostic factors. International journal of surgery.12(2):125-33.

10. Misiakos EP, Bagias G, Patapis P, Sotiropoulos D, Kanavidis P, Machairas A. Current Concepts in the Management of Necrotizing Fasciitis. Frontiers in Surgery. 2014;1:36.

11. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6303460/#R19

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