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 present 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. 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 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 week [4].

Keywords: Cellulitiis; lower extremities; sensitivity.

1. INTRODUCTION

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 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 limb cellulitis risk factors.

2. PRESENT MEDICAL HISTORY

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

3. PAST MEDICAL HISTORY

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

4. 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 nuclear family that lives together.

5. PAST INTERVENTION AND OUTCOME

Fever, pain in the right lower leg, wound present right dorsal foot, fatigue, and other symptoms were identified in the patient. HRCT scan will be performed in Hospital on, and x-ray will be performed in Hospital Wardha.

6. 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.

7. MANAGEMENT

7.1 Medical Management

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

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

IV fluid in normal saline in 500 ml [6]

7.2 Surgical Management

There is no prior surgical history.

7.3 Nursing Management

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

A) Acute pain in lower extremities related to pain and inflammation

| 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. | To know the level of weakness |
| 2. Consultacheco-ordinate with health care team member of various department included in case. | To confirm the final diagnosis and prepare 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

| Nursing Interventions | Rationale |
|-----------------------|-----------|
| 1. Assess the sleeping pattern of the patient. | To know the baseline data of the sleeping pattern. |
| 2. Maintain calm and quiet environment. | For well sleep of the patient |
| 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 induce comfort so that they can share about the quires and problem. |
| 2. Provide information about the state of the disease and treatment options. | To improve the patient’s and family’s understanding of disease conditions and treatment option. |
| 3. Counsel the patient regarding the mention fear and anxiety. | 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 Pantoparazole 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.

8. DISCUSSION

A 65-year-old male adult was hospitalized to the surgery ward with Fever, discomfort over right
lower leg, wound present in right dorsal foot, fatigue, and other symptoms were diagnosed as Fever, pain over right lower leg, wound present in 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. 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 under treatment rose with illness severity class, from 1% death and 14% under treatment in the class I severity group to 33% mortality and 92% under treatment 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 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].

9. CONCLUSION

My patient, a 65-year-old man, was hospitalized to the Hospital’s medicine ward on June 12, 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 week.

CONSENT AND ETHICAL APPROVAL

As per university standard guideline, participant consent and ethical approval have been collected and preserved by the authors.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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