ABSTRACT BOOK
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24TH WORLD CONGRESS
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INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

FACTORS ASSOCIATED WITH PROLONGED CLINICAL RESPONSE AMONG PATIENTS ADMITTED WITH FACIAL ERYSIPELAS

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Introduction: Facial erysipelas is a common skin infection. However, there are a few studies on clinical features and treatment outcomes of patients with facial erysipelas.

Objective: To identify clinical and laboratory features associated with prolonged clinical response.

Materials and Methods: Medical records from all patients hospitalized with facial erysipelas, admitted to a tertiary referral hospital between 2008 and 2018, were retrospectively studied. Patients were divided into two groups according to the day of clinical response.

Results: A total of 30 patients (25 female, 5 male), mean age 57 ± 14 years, were included. Fifteen (%50) patients had a predisposing skin disease. The comorbid systemic disease was noted in %63. Fever and lymphadenopathy were present one-third of patients. Vesicle, bulla or erosion were observed in %20, abscess in %6, and necrosis in %3. Bilateral involvement of face occurred in %54. Frequencies of periorbital, nasal, and otic involvement were identified in %60, %37, %20, respectively. Mean duration of stay at the hospital was 7.4 ± 3.7 days. Twenty-one of 30 patients had only monotherapy whereas rest of the patients had polytherapy with systemic antibiotics. A complete clinical response was achieved in 4.8 ± 3.5 days. Factors associated with prolonged clinical response (≥5 days) included presence of fever, nasal involvement, elevated CRP and erythrocyte sedimentation rate (ESR), and polytherapy with systemic antibiotics.

Conclusions: This study has identified that patients with fever, nasal involvement, elevated CRP and ESR, and patients treated with polytherapy were associated with prolonged clinical response.

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