**CELLULITIS DERMATOLOGY MANAGEMENT PATHWAY**

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Bilateral both leg "cellulitis" - it is extremely rare to have a primary bilateral infectious origin.

Most do not require prolonged courses of intravenous or even oral antibiotics.

In the absence of significantly raised CRP/WCC overt skin infection cellulitis is unlikely.

The commonest causes for bilateral swollen red legs are
- Venous / varicose eczema
- Early lipodermatosclerosis
- Peripheral Oedema induced secondary skin changes

If symptoms of presumed cellulitis not improving with 48 Hrs of antibiotics, consider alternative diagnosis as above

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**Bilateral Red Legs**

**Acute**
- New diagnosis
  - Normal CRP/WCC
    - Consider acute peripheral oedema
    - Treat medical causes
  - Skin changes: dermatitis, varicose veins, haemosiderin, superficial ulcers

**Chronic**
- Check and reinstate previous community or dermatology suggested management plan (GP, DN, last letters)

**Significantly raised WCC / CRP**
- Consider admission to hospital if acutely unwell
  - Bacteriology skin swab
  - Blood cultures
  - Mycology skin scrape
  - Empirical oral antibiotics as per microbiology hospital soft tissue formulary

**Likely venous stasis / Dermatitis**
- Stop antibiotics

**TREATMENT**
- Greasy Emollient BD (50:50 WSP/LP oint) +
- Trial of topical steroid ie Eumovate ointment (cream if wet) BD
- Potassium permanganate soaks OD if moist and weepy
- Elevation and Consider light compression bandage (Wool+ crepe) / hosiery

**No improvement - Refer Dermatology OP routinely**