

POSTER PRESENTATION

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Risk factors in skin infections - a pilot study

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Background

The object of this prospective pilot-study was to outline the patient-group that presents to the emergency department at Landspítali university hospital, Reykjavik, Iceland for suspected cellulitis. Our main focus was on demographic characteristics, IV vs. oral antibiotic treatment and inpatient vs. outpatient treatment.

Methods

We included patients presenting to our emergency department from mid February to mid April 2010, were over 18 years, had physical and mental capacity to answer the questions related to the study and had suspected cellulitis. We documented demographic information on each patient, the length of stay at the emergency department, whether the patient was admitted or sent discharged, what antibiotics were used and whether it was given intravenously or orally.

Results

31 patients were included in the study, 22 men and 9 women. The average age was 53 years. The mean BMI (body mass index) was 29.7. 74% were overweight (BMI > 25) and 40% were obese (BMI > 30). The most common location was lower extremity (66%) followed by upper extremity (16%). Nine patients (29%) were admitted after initial evaluation, eleven patients (35.5%) were kept at a clinical decision unit within the department for up to 24 hours for re-evaluation and iv. antibiotic treatment. Of those, five were eventually admitted and six were discharged. Eleven patients (35.5%) were discharged directly after initial evaluation. Of all patients, 77% received intravenous antibiotic treatments while 23% received oral antibiotics.

Conclusion

Our study suggests that overweight and middle aged people are at higher risk of acquiring skin infection and that the most frequent location is the lower extremity which is in agreement with other studies. The male/female ratio should be even or lower according to other studies.

In our study 45% of the patients were eventually admitted. In about half of the cases where the need for admission was unclear at presentation, and the patients were kept overnight for observation and IV antibiotics in a clinical observation unit the admission was aborted. We believe that this practice is highly cost-effective as it decreased the number of admissions by around 25%.

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