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Original article

## Management of non-necrotizing cellulitis in France

*Modalités de prise en charge des dermo-hypodermes bactériennes non nécrosantes en France*

X. Lemaire<sup>a,\*</sup>, E. Bonnet<sup>b</sup>, B. Castan<sup>c</sup>, E. Forestier<sup>d</sup>, F.-X. Lescure<sup>e</sup>, F. Roblot<sup>f</sup>, C. Pulcini<sup>g,h</sup>

<sup>a</sup> Service maladies infectieuses, CH de Douai, 59500 Douai, France

<sup>b</sup> Unité mobile d'infectiologie, hôpital J.-Ducuing, 15, rue Varsovie, 31300 Toulouse, France

<sup>c</sup> Centre hospitalier d'Ajaccio, 20000 Ajaccio, France

<sup>d</sup> Service de maladies infectieuses et médecine interne, centre hospitalier de Chambéry, 73011 Chambéry cedex, France

<sup>e</sup> Service de maladies infectieuses et tropicales, hôpital Bichat, AP-HP, Inserm, IAME, UMR 1137, université Paris Diderot, Sorbonne Paris Cité, 75018 Paris, France

<sup>f</sup> Médecine interne et département de maladies infectieuses, Inserm U1070, université de Poitiers, 86000 Poitiers, France

<sup>g</sup> Université de Lorraine, université Paris Descartes, EA 4360 APEMAC, 54505 Vandœuvre-lès-Nancy cedex, France

<sup>h</sup> Service de maladies infectieuses et tropicales, hôpitaux de Brabois, CHU de Nancy, 54511 Vandœuvre-lès-Nancy cedex, France

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### Abstract

**Objective.** – We aimed to assess medical practices of French infectious disease specialists or any other relevant physicians related to the management of non-necrotizing cellulitis (NNC).

**Methods.** – We sent an online questionnaire to members of the French Infectious Diseases Society (SPILF) mailing list in September 2015.

**Results.** – A total of 108 specialists took part in the survey and 10% (11/107) declared to always admit NNC patients to hospital. As for the others, 18% declared to admit patients in more than 80% of cases, 49% in 50–80% of cases, 26% in 20–50% of cases, and 7% in less than 20% of cases. The most frequent criteria for hospital admission were severe sepsis/septic shock (99%), poor social conditions (99%), rapid extension of skin lesions (93%), high level of pain (86%), and failure of first-line antibiotic therapy (84%). Participants mentioned similar criteria for reasons to initiate the intravenous (IV) antibiotic therapy. Fifty-three percent of respondents declared initiating antibiotic therapy using the IV route in more than 80% of cases. Physicians declared that the usual antibiotic therapy duration were <7 days (6%), 8–10 days (57%), 11–14 days (34%), and >15 days (3%).

**Conclusion.** – Criteria for hospital admission and use of the IV route for antibiotic therapy as well as optimal treatment duration in patients presenting with NNC need to be detailed in guidelines and evaluated in prospective studies.

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**Keywords:** Cellulitis; *Streptococcus*

### Résumé

**Objectif.** – Étudier les modalités de prise en charge des dermo-hypodermes bactériennes non nécrosantes (DHBNN) de médecins français infectiologues ou impliqués au quotidien dans la pathologie infectieuse.

**Patients et méthodes.** – Questionnaire adressé par Internet en septembre 2015 aux membres de la liste de diffusion de la SPILF.

**Résultats.** – Sur 108 participants, à peine plus de 10 % (11/107) déclaraient hospitaliser de manière systématique les DHBNN. Pour les autres, 18 % disaient hospitaliser dans plus de 80 % des cas, 49 % dans 50 à 80 % des cas, 26 % dans 20 à 50 % des cas, et 7 % dans moins de 20 % des cas. Les critères d'hospitalisation les plus fréquemment cités étaient le sepsis grave/choc septique (99 %), un contexte socioéconomique difficile (99 %), l'extension rapide des lésions cutanées (93 %), le caractère hyperalgique de l'infection (86 %) et l'échec d'une 1<sup>re</sup> ligne d'antibiothérapie

\* Corresponding author. Route de Cambrai, 59500 Douai, France.

E-mail address: [xljhe@yahoo.fr](mailto:xljhe@yahoo.fr) (X. Lemaire).

(84 %). Les indications d'antibiothérapie parentérale citées étaient sensiblement les mêmes. Cinquante-trois pour cent des praticiens déclaraient traiter par antibiotique à la phase initiale par voie IV dans plus de 80 % des cas. Les participants déclaraient traiter par antibiothérapie d'une durée de moins de 8 jours (6 %), de 8 à 10 jours (57 %), de 11 à 14 jours (34 %), ou de plus de 15 jours (3 %).

**Conclusion.** – Les indications d'hospitalisation et de traitement IV et la durée optimale de traitement des DHBNN mériteraient d'être détaillées dans les recommandations et restent à étudier par des études prospectives.

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**Mots clés :** Dermo-hypodermes bactériennes non nécrosantes ; Streptocoque

## 1. Introduction

Non-necrotizing cellulitis (NNC) is a common infection, with a prevalence of 10 to 100 case patients/100,000 inhabitants per year. Indications for hospital admission and outpatient management modalities are poorly defined [1]. Data has been published on the importance and limitations of an outpatient intravenous (IV) treatment [2,3], but there is no real consensus on that matter.

The authors of a study conducted in the United States on hospital treatment duration [4] reported a mean duration of 15 days. No study has so far been conducted on medical practices in France. We aimed to study the medical practices of French infectious disease specialists or any other relevant physicians for the management of NNC patients. We conducted a questionnaire-based study.

## 2. Material and methods

A 15-item-questionnaire (Appendix A) was designed by a group of experts to study the management of NNC patients. A literature review was performed beforehand [1–3]. The questionnaire was first completed by 10 physicians to ensure that all questions were intelligible. The questionnaire was developed using the SurveyMonkey® platform and emailed to all members of the French Infectious Disease Society's (SPILF) Infectioflash mailing list in September 2015. Participants had a month to complete the survey. Required time to complete the questionnaire was estimated to be five minutes. Participants took part on an anonymous basis and did not receive any financial retribution. Data analysis was performed on the SurveyMonkey® platform and on Excel®.

## 3. Results

### 3.1. Participants' characteristics

Slightly more than 600 healthcare professionals are included in the Infectioflash mailing list, including 225 infectious disease specialists. A total of 108 healthcare professionals completed our questionnaire. Approximately 47% (51/108) practiced in teaching hospitals, 43% in general hospitals, and 6% in private hospitals or clinics. Approximately 68% (73/108) of participants worked in infectious disease departments, 10% in internal medicine departments, and 8% had a full time infectious disease activity and worked in several hospital departments.

### 3.2. Indications for hospital admission

Approximately 52% (49/94) of participants estimated that 20 to 50 patients presenting with NNC were hospitalized every year in their department or were placed under their supervision, 25% believed this figure to be 50–100 patients/year, and 22% believed it to be less than 20 patients/year.

Only 16% (17/107) declared that their team managed NNC patients at the emergency department during working hours. Slightly more than 10% (11/107) declared to always hospitalize patients presenting with NNC that they see in consultation or in the emergency department. A total of 96 participants did not always hospitalize NNC patients; 18% of them declared to admit patients in more than 80% of cases, 49% in 50–80% of cases, 26% in 20–50% of cases, and 7% in less than 20% of cases.

The most frequent criteria for admitting NNC patients to hospital were severe sepsis/septic shock (99%, 98/99), poor social context (99%), rapid extension of skin lesions (93%), high level of pain (86%), and failure of first-line antibiotic therapy (84%). Other reasons are detailed in Fig. 1.

### 3.3. Outpatient management

Approximately 36% (33/92) of participants declared to always ask patients benefitting from an initial outpatient management to come back within the next 72 hours to monitor disease progression. With regard to the other physicians, 45% (25/55) declared to ask patients to come back in less than 20% of cases, 35% in 20–50% of cases, and 19% in 50–80% of cases.

### 3.4. Antibiotic therapy modalities

Approximately 53% (52/98) of participants declared to treat less than 20% of NNC patients with an empirical oral antibiotic therapy, 31% declared to treat 20–50% of NNC patients with an oral treatment, 10% declared to treat 50–80% of patients with an oral treatment, and 6% declared to treat more than 80% of patients with such treatment.

Indications for an initial IV antibiotic therapy were severe sepsis/septic shock (95%, 94/99), rapid extension of skin lesions (84%), and failure of first-line antibiotic therapy (62%). Other reasons are detailed in Fig. 2.

Overall, 14% (14/97) of participants declared to sometimes treat patients with an initial outpatient IV treatment. They resorted to specialized healthcare providers (63%), home

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