CONDITION

Erysipelas

Erysipelas is a bacterial skin infection causing a painful, sharply defined area of redness and swelling.

WHAT IT IS
Superficial bacterial skin infection with sharply defined inflammation

BODY SYSTEM
Skin and lymphatic system

MAIN SYMPTOMS
Redness, swelling, warmth, pain

WHAT CAUSES IT
Bacterial infection, usually streptococci

HOW IT IS DIAGNOSED
Clinical examination; cultures only when needed

MAIN TREATMENT
Antibiotics and supportive care

CAN IT BE CURED?
Yes - antibiotics usually clear the infection

IS IT AN EMERGENCY?
Sometimes - rapidly worsening or severe symptoms

LONG-TERM OUTLOOK
Usually full recovery, though recurrence can occur

Overview

Erysipelas is a bacterial infection of the upper skin and the small lymph vessels beneath it. It usually causes a bright red, swollen, warm, and painful patch with a raised edge clearly separated from normal skin. On darker skin, the area may look purple, brown, or grey, and warmth, swelling, and tenderness may be more noticeable than colour change.

Erysipelas most often affects a lower leg but can also affect the face, including the cheeks and area around the nose. Symptoms may begin quickly, sometimes with fever or chills before skin changes appear.

It overlaps with cellulitis, which affects deeper skin tissue. The boundary is not always obvious, and treatment is similar.

Antibiotics like amoxicillin or doxycycline are needed to clear erysipelas and limit its spread. Most people recover fully, but untreated infection can spread into deeper tissues or the bloodstream. Having erysipelas once can also increase the risk of recurrence.

Symptoms

The affected area usually develops over hours or a few days. Common features include:

The skin may look shiny or develop a dimpled "orange-peel" texture. Small blisters can form, and nearby lymph nodes may become tender. Red lines may occasionally extend along inflamed lymph vessels.

Erysipelas usually affects one side of the body. Redness in both lower legs at the same time is less typical and may have another cause, such as fluid buildup, poor circulation, or a skin reaction.

Symptoms around an eye need prompt assessment. Swelling that affects vision, eye movement, or the ability to open the eye can indicate infection in deeper tissues.

- A painful, warm, and swollen patch of skin
- A clearly defined, sometimes raised border
- Red, purple, brown, or grey skin discoloration
- Fever, chills, headache, or feeling generally unwell

Causes and risk factors

Erysipelas is usually caused by Streptococcus bacteria entering through a break in the skin. The entry point may be a cut, ulcer, insect bite, surgical wound, or cracked skin, but it is sometimes too small to see. Athlete's foot commonly causes cracks between the toes.

Factors that increase swelling or weaken the skin barrier can raise the risk, including:

Anyone can develop erysipelas, including people without an obvious risk factor. It is not caused by poor hygiene alone.

- Lymphoedema, caused by poor lymph drainage
- Leg swelling from vein problems or reduced mobility
- Eczema, athlete's foot, ulcers, or other broken skin
- Previous erysipelas or cellulitis

- Obesity
- Diabetes, especially with poor circulation or wound healing
- A weakened immune system

Diagnosis

Erysipelas is usually diagnosed by examining the skin and asking how symptoms began. A sharply defined border, warmth, swelling, and rapid onset support the diagnosis. There is no single routine test that confirms every case.

A clinician may mark the edge of the area to check whether it is spreading and look for a cut, ulcer, athlete's foot, or another entry point.

Blood tests may be used when symptoms are severe, the diagnosis is uncertain, or hospital care may be needed. Blood cultures are not routinely needed for mild cases but may be considered when there are signs of widespread infection, an unusual exposure, or a weakened immune system. Material from an open wound, blister, or drainage may sometimes be tested.

Ultrasound can help identify an abscess, which is a pocket of pus. Other scans may be needed if infection around an eye, in a joint, or in deeper tissues is suspected.

Blood clots, allergic reactions, gout, eczema, and inflammation from poor circulation can resemble erysipelas and require different treatment.

Treatment and management

Antibiotics are the main treatment. Mild or moderate erysipelas can often be treated at home with tablets or liquid. Antibiotics may be given into a vein in hospital if symptoms are severe, oral medicine cannot be taken, or complications are more likely.

Antibiotic choice depends on the likely bacteria, infection location and severity, allergies, local resistance patterns, and test results. Take antibiotics exactly as directed and complete the course unless the prescriber tells you to stop or change it. Never use leftover antibiotics or another person's medication.

Resting and raising an affected limb can reduce swelling. Drink enough fluid unless you have been told to limit fluids. Ask a clinician or pharmacist which pain or fever medicines are suitable for you.

The skin can look worse during the first day or two of treatment without meaning the antibiotic has failed. Fever and pain should then begin to settle, while swelling and skin colour may take

longer to improve.

An abscess may need drainage as well as antibiotics. Athlete's foot, eczema, ulcers, and other contributing skin problems may also need treatment. Long-term swelling may require assessment after the acute infection improves.

Arrange reassessment if symptoms worsen at any point or are not starting to improve within two to three days. A deeper infection, abscess, different diagnosis, or antibiotic change may need to be considered.

Complications

Most people recover without lasting harm. Complications are more likely if treatment is delayed, infection is severe, or circulation or immune function is reduced.

Possible complications include:

A rapidly progressing deep tissue infection is uncommon but requires emergency treatment. Warning signs include severe pain out of proportion to visible changes, very rapid spread, numbness, blisters, or skin becoming dusky, grey, or black.

Repeated inflammation can damage lymph vessels, increasing swelling and the risk of further infection.

- An abscess beneath the skin
- Bacteria entering the bloodstream
- Sepsis, the body's dangerous overreaction to infection
- Infection spreading into deeper skin, muscle, bone, or a joint
- Lasting damage to lymph drainage and persistent swelling
- Repeated erysipelas or cellulitis

Prevention

Erysipelas cannot always be prevented, but protecting the skin and treating entry points may lower the risk:

If erysipelas keeps returning, a clinician may look for fungal infection, chronic swelling, or poorly healing skin. Some people with frequent recurrences may be offered preventive antibiotics after individual assessment, but these are not needed after every episode.

- Clean minor cuts and cover them until healed
- Moisturise dry, cracked skin with a suitable unperfumed product
- Check the feet regularly, especially between the toes
- Treat athlete's foot, eczema, ulcers, or persistent wounds
- Wear suitable footwear and avoid walking barefoot where injury is likely
- Follow care plans for lymphoedema, diabetes, or long-term leg swelling

Living with it and what to expect

With suitable antibiotics, fever and general illness often improve within a few days. Pain and warmth should also ease, although discoloration, swelling, flaking, or tenderness may last several weeks.

Keep arranged follow-up appointments if you have an ulcer, diabetes, lymphoedema, circulation problems, or repeated infections, as these may require longer-term care.

Some people have only one episode; others have recurrences in the same area. This is more likely when lymph drainage is damaged or skin cracks remain. Managing swelling and skin conditions can reduce, but not eliminate, the risk.

Most people can resume usual activities as pain, fever, and swelling settle. Raising the limb may remain helpful. Advice about compression garments should be individualised, particularly during an acute infection or when circulation problems are possible.

Temporary staining or peeling after infection clears does not necessarily mean bacteria remain. Persistent warmth, increasing pain, new swelling, or renewed fever needs reassessment.

When to get medical help

Seek prompt medical assessment for a new painful, hot, swollen area of skin, especially if it is spreading or accompanied by fever. Erysipelas generally requires prescription antibiotics and should not be managed with home care alone.

Request urgent same-day help if:

Use emergency services for confusion, fainting, severe breathlessness, blue or mottled skin, extreme drowsiness, or very rapid deterioration. Severe pain out of proportion to visible changes, rapidly spreading swelling, or grey or black skin also needs emergency care.

If recovery is steady but redness or swelling remains, arrange routine follow-up rather than emergency care. Skin changes often take longer to settle than fever and pain.

- The affected area is spreading quickly
- Symptoms worsen after antibiotics have started
- Infection is on the face or close to an eye
- You cannot keep antibiotics or fluids down
- You have diabetes, poor circulation, severe swelling, or a weakened immune system
- There is increasing pain, blistering, pus, or loss of feeling

Common questions

Is erysipelas contagious?

The infection does not usually spread through casual contact. However, bacteria from an open or draining wound can pass to someone else. Keep wounds covered, wash your hands after touching the area, and do not share towels or dressings.

What is the difference between erysipelas and cellulitis?

Erysipelas mainly affects the upper skin and superficial lymph vessels, often producing a raised, sharply defined edge. Cellulitis affects deeper tissue and usually has less distinct borders. They can overlap, and both require antibiotics.

How quickly should antibiotics work?

Fever and general illness often improve within a few days. The skin can look worse during the first day or two, and swelling or discoloration may last for weeks. Seek reassessment if symptoms worsen or are not starting to improve within two to three days.

Can erysipelas come back?

Yes. Recurrence is more likely with lymphoedema, long-term swelling, athlete's foot, or broken skin. Treating these problems can reduce the risk.

Can I go to work with erysipelas?

This depends on your symptoms, the infection's location, and your work. Fever, pain, swelling, or difficulty walking may require time away. Keep draining areas covered. Work involving close physical contact or food handling may require occupational advice.

Can erysipelas clear without antibiotics?

Erysipelas should not be expected to clear safely without treatment. Antibiotics reduce the

risk of spread and complications. Seek medical assessment rather than waiting or using leftover medication.

Sources

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