# Recurrent Cellulitis/Erysipelas

## Points to consider before prescribing prophylaxis for Adult Patients

**DO NOT routinely offer antibiotic prophylaxis to prevent recurrent cellulitis or erysipelas**

**Consider a trial of antibiotic prophylaxis ONLY if the following criteria are met:**

Patient has had 2 or more episodes of cellulitis or erysipelas at the same site in the last 12 months

→ Ensure episode is confirmed cellulitis – see diagnosis section on full cellulitis guidance

**PLUS**

Adequate management of underlying or contributing conditions e.g. tinea pedis, oedema, diabetes, venous insufficiency, eczema or other conditions affecting physical condition of skin

**THEN**

- Review previous antibiotic exposure and previous microbiological results
- Ensure patient is informed of the potential risks and benefits of antibiotic treatment including potential common side effects and drug interactions
- Discuss the importance of adherence to treatment.
- If patient wishes to trial prophylaxis treatment, consider prescribing options below

| **Antibiotic prophylaxis for adults 18 years and over (assuming normal renal and liver function)** | **Dosage** |
|---|---|
| Phenoxymethylpenicillin | 250 mg twice a day (Consider increasing dose to 500mg bd if BMI ≥33) |
| **Alternative choice for penicillin allergy** | |
| Erythromycin | 250 mg twice a day (Consider increasing dose to 500mg bd if BMI ≥33) |

**Good practice points:**

Review antibiotic prophylaxis at least every 6 months

Advise patient to seek medical help if symptoms of cellulitis/erysipelas develop

Antibiotic prophylaxis should be stopped or switched to an alternative antibiotic if cellulitis/erysipelas recurs

References: Cochrane Review 2017 NICE Guidance 2019 IDSA Guidelines 2014

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