

GETTING THE DIAGNOSIS RIGHT *Effective management of non-cellulitic erythema with inelastic compression bandaging**

Rebecca Elwell - Macmillan Lymphoedema Clinical Nurse Specialist, University Hospital of North Midlands NHS Trust

Aim

To describe the management of severe contact dermatitis and chronic oedema with cohesive inelastic compression bandaging*.

To reflect on the importance of seeking a differential diagnosis for bilateral erythema.



Unilateral presentation of cellulitis

Image used with permission from Dermnet NZ.

Method

The patient was referred to the University Hospitals of North Midlands Red Leg Service with bilateral oedema, acute erythema, heat, pain and lymphorrhoea. There was no malaise and bloods were normal.

Investigations and differential diagnosis undertaken:

- Full holistic assessment
- Photographs shared with online MDT
- Patch testing ordered
- Diagnosis, contact dermatitis

Management:

Lymphorrhoea treatment plan, incorporating:

- Superabsorbent dressings**
- Inelastic cohesive compression bandages*
- Shared care with community nurses



Non-cellulitic bilateral erythema

Results

In 10 days:

- Lymphorrhoea stopped
- Pain reduction
- Dramatic oedema reduction
- Skin improvement
- Patient delighted

Discussion/Conclusion

This case highlights the importance of appropriate assessment and diagnosis.

Prior to the introduction of the service, standard treatment for similar presentations frequently involved in-patient admission and IV antibiotics, due to misdiagnosis of cellulitis. This prevented the patient receiving the right treatment at the right time.

For managing chronic oedema, a system that is safe, easy to use and yields rapid results is most favourable.

The case also demonstrates efficacy with using a superabsorbent dressing under inelastic compression bandages.

The Red Leg Service was set up to address the drain on resources and impact to the individual associated with inappropriate diagnosis of cellulitis, for those with bilateral leg erythema.