



**UWTASP**  
tele-antimicrobial stewardship program



Jan 16, 2024

# *Recharge & Recap: Opportunities in SSTI*

# Opportunities in SSTI

- 1) Making the diagnosis
- 2) How low can we go in cellulitis?
- 3) Cellulitis: what's coming
- 4) IDSA Diabetic Foot Infection Guideline Updates



# 1) Cellulitis: Making the Diagnosis

- >1/3 of patients hospitalized for cellulitis are misdiagnosed (meta-analysis, 860 pts)
  - Derm or ID evaluation was the standard
  - Two most recent studies, 60% received an alt diagnosis
- Of the alternative diagnoses:
  - 20% Stasis dermatitis
  - 50% Other non-infectious
  - 10% Abscess
  - 23% Other infectious
- No patient worsened after abx d/c



# 2) Cellulitis – How low can you go?

- Natural history –
  - Edema, limb temperature, area of erythema, pain all improve but are still present by day 10
  - (CRP near-normal by day 10)



## 2) Cellulitis – How low can we go?

- Meta-analysis of 48 studies looking at route and duration of antibiotics for cellulitis
- “There is no evidence to support intravenous or prolonged antibiotic therapy (>5 days) in cellulitis”



# 3) Cellulitis: What's Coming

- High-dose cephalexin – pilot RCT
  - 1000mg BID vs. 500mg QID (for 7 *days*)
  - 134 pts recruited
  - Treatment failure in 3% high, 14% standard dose
  - More AEs in high-dose (GI)
- Did you say Doxy?
  - Retrospective cohort, propensity matched, AZ
  - Antibigram S for Strep pyogenes and doxy 80%
  - Pts with ED visit for cellulitis (50 doxy, 50 cephalexin)
  - 6% had 14-day clinical failure in each group



# 4) IWGDF/IDSA Diabetes-Related Foot Infection Guidelines 2023

- Notable Updates:
  - IDSA Combined with IWGDF
  - Duration reduction: 10 days for debrided severe or moderate SSTI
  - Bedside percutaneous bone biopsy is safe!
  - Pseudomonas aeruginosa – **no need** to empirically cover (unless in Asia or North Africa or recent +culture)



# Other Opportunities

