

Patient information from BMJ

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Cellulitis and erysipelas

Cellulitis and erysipelas are infections that cause red, inflamed and sore skin. They're usually easy to cure with antibiotics.

What are cellulitis and erysipelas?

Cellulitis and erysipelas are bacterial skin infections. People get them when germs called bacteria infect the skin. This can happen if you have a cut or scrape, an open sore (ulcer), a cut from surgery, or an insect bite.

People with diabetic foot ulcers or a weak immune system are more likely to get cellulitis or erysipelas.

Cellulitis and erysipelas are so similar that doctors can't always tell them apart. The main difference is that cellulitis affects a deep layer of your skin. Erysipelas affects your skin nearer the surface. Both conditions are treated the same way.

It's important to get treatment for these infections as soon as possible so that they don't spread to other parts of your body.

What are the symptoms of cellulitis and erysipelas?

The main symptoms of cellulitis include a patch of skin that is red, painful, hot, and swollen. You're most likely to get this on your leg, but it can happen anywhere.

Erysipelas often affects the skin on the face. It can cause bright red, raised patches with clearly defined edges.

The infection might spread over more of your skin, and the skin may blister. You may also get swollen glands near the infection, or feel generally ill, as if you have flu.

If you get cellulitis or erysipelas around your eyes or nose, you need to get treatment straight away. The infection could spread and affect your eyes or your brain.

What are the treatment options for cellulitis and erysipelas?

Antibiotics cure cellulitis or erysipelas in most people who have the infection. They kill the bacteria that are causing the skin infection.

If your infection is severe, you may need to start antibiotic treatment in hospital with a drip (also called an intravenous infusion or IV). You'll switch to tablets when you start to get better.

If your infection isn't severe, you might just be given tablets you can take at home. You'll usually need to take these for 5-14 days.

Your doctor should check in with you after a few days to see if the antibiotics are working. If you don't start to feel better within 3 days of starting antibiotics, you should tell your doctor. You may need to try a different type of antibiotic. Or you might need to go to hospital to have more antibiotics by an IV drip.

It's very important that you finish the entire course of antibiotics, even if you start feeling better. If you don't finish the tablets, some bacteria may survive and begin to grow again. This means your infection could come back and be more difficult to treat.

Antibiotics can have side effects. The most common are nausea (feeling sick), vomiting, or diarrhoea. Some people get a rash, which could suggest a mild allergic reaction. Talk to your doctor if you get a rash or any other side effects. If you're allergic to any antibiotics, such as penicillin, you should also tell your doctor.

You may also be given a **painkiller**, such as paracetamol. This can make you more comfortable while you're waiting for the antibiotics to work.

If your cellulitis or erysipelas is on your leg or arm, you might be told to keep that limb higher than the rest of your body. This is called **elevation**, and it can help the swelling go down. If your skin starts to blister you may be given a dressing to put on it.

What happens next?

With treatment, most people who have cellulitis or erysipelas recover completely in about two weeks.

Sometimes cellulitis can spread and cause other problems. These include blood poisoning (**sepsis**), which is a severe infection that affects your whole body. This is rare, but it may happen if the cellulitis isn't treated in time or if the antibiotics don't work.

Some people get swelling in the arm or leg where they get cellulitis. This is called **lymphoedema**. Treatment usually gets rid of the inflamed patch of skin, but in some people the swelling doesn't go away.

Cellulitis or erysipelas can also come back. Your doctor should advise you about things you can do to help prevent further skin infections, such as making sure you keep cuts and scrapes clean, and keeping patches of dry skin moisturised. Some people who get cellulitis or erysipelas multiple times a year might need to take long-term antibiotics.

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