

**Title:** Difficulties in managing erysipelas among primary care physicians: interns and general practitioners.

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### **Introduction**

Erysipelas is a frequent reason for consultation. It is an acute, non-necrotizing bacterial dermohypodermatitis caused by group A beta-hemolytic streptococcus, most often affecting the leg, but not excluding other localizations.

Prompt management with appropriate antibiotic therapy will prevent complications .

### **Materials and methods :**

This is a cross-sectional study running from 08/09/2023 to 05/10/2024.

The questionnaire was aimed at interns and residents at Rabat University Hospital and general practitioners in the Rabat-Kenitra region, and covered 24 items, including the following:

-Frequency of erysipelas ,

-Diagnostic difficulties: unusual localizations, differential diagnoses and signs of severity

-Management: antibiotic therapy prescribed, first or delayed referral to dermatologists.

### **Results:**

Over this 13-month period, we received 172 responses from: 37% residents from different specialties, 33.7% interns and 29.3% general practitioners.

With an estimated frequency of 3 cases per month in 34.1% of cases, unusual localizations are the main diagnostic difficulty.

73.9% of doctors called a dermatologist directly, while 26.1% prescribed amoxicillin/clavulanic acid in 67% of cases with paracetamol, for 7 to 10 days.

Hospitalization criteria were also among the items we dealt with, as were signs of severity encountered and aggravating factors.

### **Discussion:**

The aim of our work is to highlight shortcomings in the management of erysipelas in order to remedy them. We found that in 90% of cases, physicians were able to recognize an erysipelas in its usual form, supported by the opinion of a dermatologist in 74% of cases, although 18% of physicians sought the opinion of specialists in vascular surgery and internal medicine.

The choice of antibiotic therapy and duration of treatment complied with recommendations in 73% of cases, while prescription errors were limited to 5% with non-steroidal anti-inflammatory drug and corticosteroids.

### **Conclusion:**

Our study, the first of its kind, provided an overview of the management of erysipelas, enabling us to better target the essential points to be rectified.