ISSN 2181-

ERYSIPELAS AND ITS COMPLICATIONS: A CLINICAL-ANALYTICAL STUDY

[1]Masharipov S.M.,
[2]Masharipova Sh.S.
[1]Alfraganus Universiteti,
Toshkent, O‘zbekiston
[2]Toshkent Tibbiyot Akademiyasi
Urganch filiali, Urganch, O‘zbekiston

Annotation: Erysipelas is an acute infectious disease caused by β-hemolytic Streptococcus group A, characterized by skin inflammation and febrile syndrome. Erysipelas remains a pressing issue in infectious dermatology and general medicine. The incidence of this pathology remains stable, especially among elderly individuals, in whom the course of the disease is often complicated by concomitant pathologies and reduced immune reactivity. An important task is timely diagnosis and prevention of complications such as lymphostasis, recurrences, abscesses, and phlegmon. Based on clinical and laboratory data, the severity of the disease, the frequency of complications, and their risk factors were assessed.

Key words: erysipelas, streptococcus, skin infection, lymphostasis, complications, elderly patients.

Introduction

Erysipelas, or "erysipelas" in common parlance, is an infectious-allergic disease characterized by a distinct, localized inflammation of a specific area of the skin and subcutaneous tissue, as well as pronounced intoxication and fever. The affected area not only shows significant swelling but also turns a bright red color. Currently, erysipelas is considered one of the most common bacterial diseases. Erysipelas predominantly affects people over 50, with women being diagnosed more frequently than men; however, erysipelas can also appear at a younger age. Factors increasing the likelihood of developing erysipelas include frequent stress, weakened immunity, and

chronic diseases. In its initial stage, erysipelas is usually localized in one specific part of the body. This could be the face, neck, or perineum. First, the skin reddens, then swelling begins to develop.

Currently, erysipelas retains high medico-social significance due to frequent patient incapacitation and a tendency towards recurrent course. The disease is particularly relevant in the age group over 50, when a decrease in immune protection and the presence of concomitant pathologies (diabetes mellitus, varicose veins, chronic venous insufficiency) are observed. Furthermore, despite the availability of antibacterial therapy, complications of erysipelas, such as lymphostasis, abscesses, and phlegmon, remain common and require a more active clinical and preventive approach.

The aim of the study was to analyze the clinical course of erysipelas and its complications in elderly patients.

Materials and methods

The study analyzed the cases of 12 patients with erysipelas who were treated in an infectious diseases hospital. The age of the patients ranged from 50 to 70 years, including 7 women and 5 men. The diagnosis was established on the basis of clinical data (skin hyperemia, edema, severe soreness, fever) and laboratory tests (leukocytosis, accelerated ESR). The detection of complications was carried out during observation and instrumental diagnostics (ultrasound of soft tissues, blood biochemistry).

Results and discussion

In all patients, the disease was characterized by an acute onset, accompanied by fever, chills and the appearance of a bright red painful area of skin with clear boundaries, mainly on the lower extremities.

Distribution of complications among patients:

• Lymphostasis — 6 cases (50%)

• Recurrent course — 3 cases (25%)

• Abscesses and infiltrates — 2 cases (16,6%)

• Phlegmon — 1 case (8,4%)

Factors contributing to the development of complications:

• Type 2 diabetes mellitus (in 4 cases)

• Varicose veins of the lower extremities (in 5 cases)

• Chronic venous insufficiency

• Non-observance of bed rest and refusal of antibiotic therapy in the past

It was found that patients with concomitant chronic diseases were more likely to experience severe erysipelas and a tendency to relapse. The most common complication was lymphostasis, which often leads to tissue fibrosis and disability.

Table 1. Clinical characteristics and complications in patients with erysipelas (n=12)

№	Age	Gender	Localization of inflammation	Concomitant diseases	Complications	History of relapses
1	68	F	Lower limb	Type 2 diabetes mellitus	Lymphostasis	Yes
2	59	M	Lower limb	Varicose veins	Abscess	No
3	62	F	Face	Arterial hypertension	No	No
4	54	M	Lower limb	Varicose veins, obesity	Lymphostasis	Yes
5	70	F	Arm	Chronic venous insufficiency	Phlegmon	No
6	65	F	Lower limb	Diabetes mellitus, obesity	Lymphostasis	Yes
7	58	M	Lower limb	Varicose veins	Lymphostasis	No
8	60	F	Lower limb	Arterial hypertension	No	No
9	67	M	Face	No	Abscess	No

10	61	F	Lower limb	Diabetes mellitus	Lymphostasis	Yes
11	52	M	Lower limb	Varicose veins	No	No
12	56	F	Lower limb	Fatness	Lymphostasis	No

The data obtained confirm that erysipelas in elderly patients is more severe and more often complicated. The main risk factor is the presence of chronic diseases that disrupt microcirculation and the immune response. In particular, patients with diabetes mellitus have marked lymphostasis, delayed recovery, and a high risk of relapse. Lymphostasis in half of the patients may be caused by both the destruction of lymphatic vessels due to inflammation and varicose veins.

Cases of recurrent erysipelas, which develop against the background of non—compliance with preventive measures such as compression therapy, skin care and timely treatment of fungal foot infections, are of particular clinical concern. In addition, repeated episodes of erysipelas aggravate the course of the disease and contribute to the formation of chronic lymphedema.

Effective therapy requires early administration of penicillin series or cephalosporins, if necessary, in combination with anti—inflammatory drugs and local therapy. It is also important to monitor the treatment of the underlying background — diabetes, cardiovascular pathology, and obesity.

Conclusion

A clinical and analytical study has shown that erysipelas in elderly patients is characterized by a high risk of complications, the most common of which are lymphostasis and recurrent course. There is a clear relationship between the presence of background chronic diseases (diabetes mellitus, varicose veins) and the severity of erysipelas. The lower extremities are the most common location of inflammation.

The results emphasize the need for an integrated approach in the diagnosis, treatment and prevention of erysipelas, especially in people over 50 years of age. Effective therapy and control of concomitant pathologies can reduce the incidence of

complications and improve the prognosis of the disease. Awareness-raising among patients also plays a key role in increasing treatment adherence.

List of literature

1. Волкова Л.Ф. Рожа: клиника, диагностика, лечение. // Вестник дерматологии. — 2020. — №3. — С. 45–50.
2. Савельев В.С. Хирургические инфекции. — М.: Медицина, 2018. — 432 с.
3. Гусев А.В. Инфекционные заболевания кожи. — СПб.: ЭЛБИ, 2019. — 288 с.
4. Nurllayev R. R., Artiqov I. A. IMPROVING THE PRIMARY PREVENTION OF ACUTE DIARRHEAL DISEASES AMONG CHILDREN //Finland International Scientific Journal of Education, Social Science & Humanities. – 2023. – Т. 11. – №. 4. – С. 6-10.
5. Юсупов Шавкат Рахимбаевич, Аскарова Роза Исмаиловна, Машарипова Шохиста Собировна, Якубова Умида Бахтияровна Анализ факторов риска, влияющих на развитие туберкулеза у детей в Хорезмской области // Наука, техника и образование. 2019. №8 (61). URL: https://cyberleninka.ru/article/n/analiz-faktorov-riska-vliyayuschih-na-razvitie-tuberkuleza-u-detey-v-horezmskoy-oblasti (дата обращения: 23.06.2025).
6. Masharipov S., Sadullaev S. E., Sh M. D. THE COURSE OF CORONAVIRUS AGAINST THE BACKGROUND OF CHRONIC HEPATITIS //Научный импульс. – 2023. – С. 78.
7. Машарипова Ш. С. и др. КЛИНИЧЕСКИЕ И ИММУНОЛОГИЧЕСКИЕ ОСОБЕННОСТИ ИНФЕКЦИОННОГО МОНОНУКЛЕОЗА У ДЕТЕЙ //Multidisciplinary Journal of Science and Technology. – 2025. – Т. 5. – №. 6. – С. 249-256.
8. Машарипов С. М., Машарипова Ш. С. ЭПИДЕМИОЛОГИЧЕСКАЯ СИТУАЦИЯ ПО ЭНТЕРОБИОЗУ СРЕДИ ДЕТЕЙ В ХОРЕЗМСКОМ РЕГИОНЕ //Лучшие интеллектуальные исследования. – 2025. – Т. 44. – №. 3. – С. 419-426.

9. Masharipov S., Sh M. DEFINITION OF ETIOLOGICAL DOMINANT STRUCTURES OF NOSOCOMIAL PNEUMONIA. – 2024.

10.Аскарова Р. И. и др. Эпидемиология легочного туберкулеза //EUROPEAN RESEARCH: INNOVATION IN SCIENCE, EDUCATION AND TECHNOLOGY LVII International correspondence scientific and practical conference. – 2019. – С. 96-100.

11.Машарипова Ш. С., Артиков И. А. Матякубова Ойша Уриновна РАСТРОЙСТВА ПСИХИКИ У БОЛЬНЫХ ДЕСТРУКТИВНЫМИ ФОРМАМИ ТУБЕРКУЛЕЗА В УСЛОВИЯХ ПАНДЕМИИ COVID-19//JCRR. 2021.№ 3 //URL: https://cyberleninka. ru/article/n/rastroystva-psihiki-u-bolnyh-destruktivnymi-formami-tuberkuleza-v-usloviyah-pandemii-covid-19 (дата обращения: 13.09. 2023).

12.Sabirovna M. S., Sobir M. UDC: 619: 616.995. 132.6 IMMUNE STATUS OF ADULTS AND CHILDREN WITH AN ALLERGIC BACKGROUND DIAGNOSED WITH ENTEROBIOSIS //Новости образования: исследование в XXI веке. – 2023. – Т. 2. – №. 14. – С. 24-28.

13.Sadullayev S. E. et al. THE COURSE OF NOSOCOMIAL PNEUMONIA IN PATIENTS ON LONG-TERM ARTIFICIAL LUNG VENTILATION //O'ZBEKISTONDA FANLARARO INNOVATSIYALAR VA ILMIY TADQIQOTLAR JURNALI. – 2024. – Т. 2. – №. 26. – С. 80-84.

14.Matyakubova O. U. et al. EPIDEMIOLOGICAL FEATURES OF CHICKENPOX AMONG CHILDREN IN THE KHAREZM REGION //Finland International Scientific Journal of Education, Social Science & Humanities. – 2023. – Т. 11. – №. 4. – С. 11-14.

15.Юсупов Ш. Р. Абдуллаева Дилфуза Кадамовна, Машарипова Шохиста Сабировна, Матякубова Ойша Уриновна Применение пектина в комплексной терапии при острых кишечных инфекциях //Вестник науки и образования,(5-2). – 2020. – Т. 83.

16.Машарипов С. М., Машарипова Ш. С. ЭПИДЕМИОЛОГИЧЕСКАЯ СИТУАЦИЯ ПО ЭНТЕРОБИОЗУ СРЕДИ ДЕТЕЙ В ХОРЕЗМСКОМ РЕГИОНЕ //Лучшие интеллектуальные исследования. – 2025. – Т. 44. – №. 3. – С. 419-426.

17.Masharipova S. S., Karimova U. M., Oltiyeva H. S. RISK FACTORS AND METHODS OF PREVENTION OF NOSOCOMIAL INFECTION //Общественные науки в современном мире: теоретические и практические исследования. – 2025. – Т. 4. – №. 2. – С. 67-70.

18.Masharipov S. M. et al. FEATURES OF THE CLINICAL COURSE OF CHICKENPOX IN ADULTS IN THE KHOREZM REGION (UZBEKISTAN) //Web of Discoveries: Journal of Analysis and Inventions. – 2025. – Т. 3. – №. 3. – С. 48-52.

19.Masharipov S. M. et al. OPPORTUNISTIC INFECTIONS IN PATIENTS WITH DIABETES MELLITUS //Western European Journal of Modern Experiments and Scientific Methods. – 2025. – Т. 3. – №. 04. – С. 43-47.

20.Nurllayev R. R., Ibadullayeva S. S., Yoqubov Q. Y. KICHIK QON AYLANISH DOIRASI ARTERIYALARINING MORFOLOGIK TUZILISHI //Научный Фокус. – 2023. – Т. 1. – №. 8. – С. 463-468.

21.Машарипова Шохиста Сабировна, Матякубова Айша Уриновна Кумысолечение ослабленных детей в Хорезмском регионе // Наука, образование и культура. 2020. №2 (46). URL: https://cyberleninka.ru/article/n/kumysolechenie-oslablennyh-detey-v-horezmskom-regione (дата обращения: 23.06.2025).

22.Машарипова Ш. С. O ‘PKA ARTERIYALARINING QANDLI DIABET TA’SIRIDA MORFOLOGIK TUZILISHI //Журнал кардиореспираторных исследований. – 2022. – Т. 3. – №. 1.

23.Машарипова Ш. Specific pathomorphological changes in the course of lymphocytic leukosis in children //Современник аспекти паразитологии и актуальные проблемы кишечных инфекций. – 2024. – Т. 1. – №. 1. – С. 25-25.

24.Машарипова Ш. Frequently ill children in the khorezm region //Современник аспекти паразитологии и актуальные проблемы кишечных инфекций. – 2024. – Т. 1. – №. 1. – С. 26-26.

25.Матякубова О., Машарипова Ш., Машарипов С. Clinical symptoms and laboratory features in the course of pneumonia in children according to the Khorezm region //Современник аспекти паразитологии и актуальные проблемы кишечных инфекций. – 2024. – Т. 1. – №. 1. – С. 27-27.

26.Masharipov S. M. et al. CHICKENPOX DISEASE AND ITS SPECIFIC PREVENTION //Лучшие интеллектуальные исследования. – 2024. – Т. 20. – №. 3. – С. 131-138.

27.Masharipov S. M. et al. OPPORTUNISTIC INFECTIONS IN THE CONTEXT OF AIDS: A CLINICAL CASE //Web of Teachers: Inderscience Research. – 2025. – Т. 3. – №. 3. – С. 140-144.

28.Машарипов С. М., Машарипова Ш. С. ЭПИДЕМИОЛОГИЧЕСКАЯ СИТУАЦИЯ ПО ЭНТЕРОБИОЗУ СРЕДИ ДЕТЕЙ В ХОРЕЗМСКОМ РЕГИОНЕ //Лучшие интеллектуальные исследования. – 2025. – Т. 44. – №. 3. – С. 419-426.

29.S., Masharipova S., et al. "Epidemiology of Coronavirus Infection and Its Complications." ***JournalNX***, vol. 10, no. 10, 8 Oct. 2024, pp. 7-11.

30.MASHARIPOVA S. S. et al. LUNG VESSEL MORPHOLOGICAL STRUCTURE //AMERICAN JOURNAL OF MEDICINE. – 2021. – Т. 11. – №. 5. – С. 434-436.