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## Erysipeloid

### What is erysipeloid?

Erysipeloid is an acute bacterial infection of the skin and other organs caused by the microorganism *Erysipelothrix rhusiopathiae* (formerly known as *E. insidiosa*).

### Why does it occur and who is at risk?

Human infection is acquired through direct contact with the meat of infected animals, poultry, fish and shellfish. Infection can occur only if the person has an abrasion or cut that allows entry of the bacteria. People at risk include fisherman, farmers, butchers, abattoir workers, veterinary surgeons and cooks.

### What are the signs and symptoms?

Erysipeloid can affect people in three ways.

The most common and least severe form is localised cutaneous erysipeloid. This is a self-limiting disease with the following characteristics:

- Clearly defined bright red to purple lesions with smooth shiny surfaces. They slowly expand over a few days with sharp or curvaceous borders which may have tiny blisters
- Lesions may be warm and tender and cause pain or burning
- Most often occur on the hands, webs of the fingers, forearms, or any other exposed area of the body
- A few patients may experience mild fever, chills and malaise

Very rarely, a diffuse cutaneous form occurs when multiple lesions appear on various parts of the body.

Rarely, a severe systemic form of erysipeloid may develop. This is where other organs are infected, such as the heart, brain, joints and lungs. Patients with systemic disease may experience symptoms such as chills, fever, headache, joint pain and weight loss. Skin lesions may or may not be apparent in patients with systemic erysipeloid.

### What treatments are available?

The two cutaneous forms are self-limiting and usually resolve spontaneously within 2–4 weeks. However, treatment with antibiotics speed up the healing process and lessen the chance of the infection spreading to other organs.

All three forms of erysipeloid may be treated with [penicillin](#). Patients allergic to penicillin may be treated with a combination of [erythromycin](#) and/or [rifampicin](#). Other drug choices are [tetracyclines](#) or ciprofloxacin.

Prompt diagnosis and early treatment of the rare but severe systemic erysipeloid is essential to prevent serious or fatal complications.

#### Related information

#### References:

Book: Textbook of Dermatology. Ed Rook A, Wilkinson DS, Ebling FJB, Champion RH, Burton JL. Fourth edition. Blackwell Scientific Publications.

**On DermNet NZ:**

- [Bacterial skin infections](#)

**Other websites:**

- [Erysipeloid](#) - emedicine dermatology, the online textbook

**Books:**

See the [DermNet NZ bookstore](#)

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DermNet does not provide an on-line consultation service.

If you have any concerns with your skin or its treatment, see a [dermatologist](#) for advice.

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