

# Dexamethasone versus placebo for patients with cellulitis

<b>Submission date</b> 20/08/2024	<b>Recruitment status</b> Recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 11/10/2024	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 03/03/2025	<b>Condition category</b> Skin and Connective Tissue Diseases	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Cellulitis is a common bacterial skin infection. Over 300,000 people attend emergency departments in the UK each year with cellulitis. Antibiotic treatment is always recommended to kill the bacteria causing infection but does not always improve symptoms. Symptoms often get worse after starting antibiotics, with pain and swelling increasing in the first few days. Around one-fifth of people see a doctor again for further treatment. There is no evidence that giving out more antibiotics improves symptoms and using excess antibiotics will reduce their effectiveness for everyone (antibiotic resistance). Corticosteroid ("steroid") tablets have been tried as an add-on treatment in a few small studies to reduce swelling, redness and pain. Results have been promising but the studies have been small and more research is needed to find out if steroid tablets work in cellulitis before advising clinicians to routinely use them.

This is a large study to see if prescribing steroid tablets alongside antibiotics improves symptoms and reduces the need for further antibiotics and healthcare visits for patients with cellulitis.

### Who can participate?

Patients aged 16 years old or over who come to an NHS emergency or urgent care department with cellulitis.

### What does the study involve?

After consent, participants will be put into one of two groups at random. One group will receive steroid (dexamethasone) capsules to take for 2 days, the other group will receive placebo capsules. Both groups will also get the normal treatment for cellulitis (antibiotics and painkillers). Neither the participants nor the clinicians will know which group they are in. The researchers will ask participants about their pain twice a day for three days via electronic survey /text message or telephone call if preferred. They will telephone participants after 14 days to ask about lingering pain, antibiotic and painkiller use and any other healthcare use and after 90 days to see if they have had cellulitis again.

### What are the possible benefits and risks of participating?

Dexamethasone is not usually used to treat patients with cellulitis. It is currently unknown whether taking dexamethasone on top of the usual treatments will help symptoms. The main

benefit of taking part is to help us see whether this new treatment works and potentially improve care for patients in the future.

Dexamethasone is widely used for several illnesses, but like all medicines, it does have some possible side effects. This study uses low doses of dexamethasone for a short period, compared to the doses used for some other conditions. Dexamethasone is expected to be active shortly after taking it and wash out of the participant's systems within a few days. Any side effects are also expected to last for a short period. Whilst the risk of side effects with short-term use appears low from previous studies, some of our participants may be at increased risk (e.g. diabetic patients, older patients and those taking non-steroidal anti-inflammatory drugs). A full assessment of these risks is outlined in the trial protocol (section 2.4.0.) and the site teams will be trained in assessing these risks during recruitment.

The PIS outlines the key side effects for participants. As part of the consent conversation, the site team will discuss possible side effects with the participant and answer any questions. There will be a particular focus on diabetic patients, pregnancy and breastfeeding.

Where is the study run from?  
University of Exeter (UK)

When is the study starting and how long is it expected to run for?  
January 2024 to December 2026

Who is funding the study?  
National Institute for Health and Care Research (UK)

Who is the main contact?  
DEXACELL@exeter.ac.uk

**Study website**  
<https://sites.exeter.ac.uk/dexacell/>

## Contact information

**Type(s)**  
Public, Scientific

**Contact name**  
Dr Study Team

**Contact details**  
Exeter Clinical Trials Unit, University of Exeter  
Exeter  
United Kingdom  
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-  
DEXACELL@exeter.ac.uk

**Type(s)**  
Principal Investigator

**Contact name**

Dr Edward Carlton

**Contact details**

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Bristol

United Kingdom

BS10 5NB

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## **Additional identifiers**

**EudraCT/CTIS number**

Nil known

**IRAS number**

1009877

**ClinicalTrials.gov number**

Nil known

**Secondary identifying numbers**

5411, CPMS 62226

## **Study information**

**Scientific Title**

Dexamethasone as an adjunctive therapy for the management of cellulitis (DEXACELL) - a randomised controlled trial in urgent secondary care

**Acronym**

DEXACELL

**Study objectives**

Primary objective:

To establish if the addition of dexamethasone to treat patients with cellulitis reduces total pain reported over the first 3 days compared to a control (placebo).

Secondary objectives:

To determine whether the addition of dexamethasone to treat patients with cellulitis when compared to a control (placebo):

1. Improves quality of life and other patient-reported outcomes
2. Reduces subsequent antimicrobial prescribing, analgesia usage and healthcare utilisation
3. Is cost-effective

**Ethics approval required**

Ethics approval required

**Ethics approval(s)**

Approved 09/10/2024, South Central – Oxford B Research Ethics Committee (2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; +44 (0)207 104 8134, (0)207 104 8019; oxfordb.rec@hra.nhs.uk), ref: 24/SC/0289

**Study design**

Randomized double-blind parallel-group placebo-controlled trial

**Primary study design**

Interventional

**Secondary study design**

Randomised controlled trial

**Study setting(s)**

Hospital, Internet/virtual, Medical and other records, Telephone

**Study type(s)**

Other, Safety

**Participant information sheet**

Participant information can be found at: <https://sites.exeter.ac.uk/dexacell/category/taking-part/participant-information/>

**Health condition(s) or problem(s) studied**

Cellulitis at any body site (excluding orbital or periorbital cellulitis)

**Interventions**

Participants will be randomised into the trial by a delegated member of the site team using an online randomisation service. In addition to usual care, trial participants will be randomised on a 1:1 ratio to receive either:

- Dexamethasone 8mg orally on recruitment, then dexamethasone 8mg orally ~24 hours later.

OR

- Matched placebo capsules on recruitment, then matched placebo capsules ~24 hours later.

For blinding purposes, the active drug will be over-encapsulated. The participant will take two capsules per dose each capsule containing 1 x 4mg tablet of dexamethasone and backfill. Placebo capsules will be manufactured to match in appearance and will not contain any active ingredients. The capsules used may include bovine gelatin and are HALAL-certified. The active tablets have the following excipients; maize starch, microcrystalline cellulose, lactose monohydrate, highly dispersed silicon dioxide, and magnesium stearate. All capsules will contain a backfill made of one of these excipients.

**Intervention Type**

Drug

**Pharmaceutical study type(s)**

Pharmacoeconomic, Therapy

**Phase**

Phase III

**Drug/device/biological/vaccine name(s)**

Dexamethasone

**Primary outcome measure**

Pain measured using a numerical rating scale (NRS; 0-10) at baseline, and then six timepoints post-randomisation at approximately 12-hour intervals

**Secondary outcome measures**

1. Health-related quality of life measured using the EQ-5D-5L at Baseline, Day 3, Day 14 and Day 90 post-randomisation
2. Clinical status measured using the Patient Global Impression of Improvement (PGI-I) daily for the first 3 days and at Day 14 post-randomisation
3. Analgesia usage (number and type of analgesia taken over first 3 days) measured using data obtained via a phone call appointment with the participant on Day 14 post-randomisation
4. Antibiotic usage (route, type, and post-randomisation length of course) up to Day 14 measured using data obtained via a phone call appointment with the participant on Day 14 post-randomisation
5. (Re)admissions to the hospital by Day 14 measured using data obtained via a phone call appointment with the participant on Day 14 post-randomisation
6. Complications of dexamethasone use by Day 14 measured using data obtained via a phone call appointment with the participant on Day 14 post-randomisation
7. Unscheduled healthcare usage until Day 14 measured using data recorded on a bespoke healthcare resource use questionnaire on Day 14 post-randomisation
8. Health, social care and broader societal resource use measured using data recorded on a resource use questionnaire based on the Modular Resource Use core module (ModRUM) tailored to the study population at Baseline and Day 90 post-randomisation
9. Recurrence of cellulitis by Day 90 measured using data obtained via a phone call appointment with the participant at Day 90 post-randomisation
10. Serious and/or potentially related adverse events by day 90 measured using data obtained via a phone call appointment with the participant on Day 14 and Day 90 post-randomisation
11. Pain experienced on Day 14 measured using a numerical rating scale (NRS; 0-10) at Day 14 post-randomisation

**Overall study start date**

01/01/2024

**Completion date**

31/12/2026

**Eligibility****Key inclusion criteria**

Current inclusion criteria as of 28/11/2024:

1. Aged 16 years old or over
2. A current clinical diagnosis of cellulitis at any body site except the orbit (periorbital/orbital cellulitis)
3. Able to provide informed consent
4. People of child-bearing potential must be willing to:
  - 4.1. Use a highly effective method of contraception (and must agree to continue 3 months after the last dose of the IMP)
  - 4.2. Inform the trial team if pregnancy occurs during trial participation

Previous inclusion criteria:

1. Aged 16 years old or over
2. A current clinical diagnosis of cellulitis at any body site except the orbit (periorbital/orbital cellulitis)
3. Able to provide informed consent
4. People of child-bearing potential must be willing to:
  - 4.1. Use an effective method of contraception (and must agree to continue 3 months after the last dose of the IMP)
  - 4.2. Inform the trial team if pregnancy occurs during trial participation

### **Participant type(s)**

Patient

### **Age group**

Mixed

### **Lower age limit**

16 Years

### **Sex**

Both

### **Target number of participants**

450

### **Key exclusion criteria**

1. Orbital or periorbital cellulitis, surgical site infection, or planned surgical management (e.g abscess) as managed under a different clinical pathway
2. Allergy to dexamethasone
3. Contraindication to dexamethasone due to concurrent medication (e.g. cobicistat)
4. Has known current invasive fungal infection
5. Has known current gastric or duodenal ulceration
6. Already on corticosteroids - Updated 28/01/2025: Already on systemic corticosteroids
7. Unable to take oral medication
8. Lack of capacity
9. Inability to complete follow-up procedures
10. Prisoner

People of child-bearing potential only:

1. Pregnant, breastfeeding, or planning to conceive in next 3 months

### **Date of first enrolment**

28/02/2025

### **Date of final enrolment**

31/01/2026

## **Locations**

### **Countries of recruitment**

England

United Kingdom

**Study participating centre**

**Southmead Hospital**

Southmead Road  
Westbury-on-trym  
Bristol  
United Kingdom  
BS10 5NB

**Study participating centre**

**St Georges Hospital**

Blackshaw Road  
London  
United Kingdom  
SW17 0QT

**Study participating centre**

**Addenbrookes Hospital**

Hills Road  
Cambridge  
United Kingdom  
CB2 0QQ

**Study participating centre**

**Bristol Royal Infirmary**

Marlborough Street  
Bristol  
United Kingdom  
BS2 8HW

**Study participating centre**

**Derriford Hospital**

Derriford Road  
Plymouth  
United Kingdom  
PL6 8DH

**Study participating centre**  
**Salford Royal Hospital**  
Stott Lane  
Eccles  
Salford  
United Kingdom  
M6 8HD

**Study participating centre**  
**The Royal London Hospital**  
Alexandra House  
London  
United Kingdom  
E1 1BB

**Study participating centre**  
**Newham General Hospital**  
Glen Road  
London  
United Kingdom  
E13 8SL

**Study participating centre**  
**Royal Berkshire Hospital**  
London Road  
Reading  
United Kingdom  
RG1 5AN

**Study participating centre**  
**Hull Royal Infirmary**  
Anlaby Road  
Hull  
United Kingdom  
HU3 2JZ

**Study participating centre**  
**Manchester Royal Infirmary**  
Oxford Road



Manchester  
United Kingdom  
M13 9WL

**Study participating centre**

**St Marys Hospital**

The Bays  
South Wharf Road  
London  
United Kingdom  
W2 1BL

**Study participating centre**

**Leicester Royal Infirmary**

Infirmary Square  
Leicester  
United Kingdom  
LE1 5WW

**Study participating centre**

**John Radcliffe Hospital**

Headley Way  
Headington  
Oxford  
United Kingdom  
OX3 9DU

**Study participating centre**

**Wexham Park Hospital**

Wexham Street  
Wexham  
Slough  
United Kingdom  
SL2 4HL

**Study participating centre**

**The James Cook University Hospital**

Marton Road  
Middlesbrough  
United Kingdom  
TS4 3BW

**Study participating centre**  
**University Hospital Lewisham**  
Lewisham High Street  
London  
United Kingdom  
SE13 6LH

**Study participating centre**  
**Northern General Hospital**  
Herries Road  
Sheffield  
United Kingdom  
S5 7AU

**Study participating centre**  
**Watford General Hospital**  
60 Vicarage Road  
Watford  
United Kingdom  
WD18 0HB

**Study participating centre**  
**Milton Keynes University Hospital**  
Standing Way  
Eaglestone  
Milton Keynes  
United Kingdom  
MK6 5LD

**Study participating centre**  
**Kings College Hospital**  
Mapother House  
De Crespigny Park  
Denmark Hill  
London  
United Kingdom  
SE5 8AB

# Sponsor information

## Organisation

North Bristol NHS Trust

## Sponsor details

Southmead Rd

Bristol

England

United Kingdom

BS10 5NB

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researchsponsor@nbt.nhs.uk

## Sponsor type

Hospital/treatment centre

## Website

<https://www.nbt.nhs.uk/>

## ROR

<https://ror.org/036x6gt55>

# Funder(s)

## Funder type

Government

## Funder Name

Health Technology Assessment Programme

## Alternative Name(s)

NIHR Health Technology Assessment Programme, HTA

## Funding Body Type

Government organisation

## Funding Body Subtype

National government

## Location

United Kingdom

# Results and Publications

## Publication and dissemination plan

- 1. Peer-reviewed scientific journals
- 2. Conference presentation
- 3. Publication on website
- 4. Other publication
- 5. Submission to regulatory authorities
- 6. Other

Anonymised research data and outputs will be stored in an open research repository hosted by one of the collaborating organisations (Sponsor, University of Exeter and/or University of Bristol) to facilitate open access to, and the impact of, our research. All future research proposals must obtain the appropriate ethical and regulatory approvals.

## Intention to publish date

31/12/2026

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be stored in a publicly available repository.

Repository name/weblink: University of Exeter Open Research Environment - ORE Home.

The type of data that will be shared: Anonymised research data.

When the data will become available and for how long: After the end of the trial 31/12/2025. Available indefinitely.

For what types of analyses: Not specified.

By what mechanism: Via the University of Exeter Open Research Environment request form. Requests will be reviewed by the Sponsor organisation (North Bristol NHS Trust) before releasing the data.

Whether consent from participants was obtained: Consent is being obtained from participants to share data anonymously to support other research in future.

Comments on data anonymisation: Data will be shared in an anonymised format.

## IPD sharing plan summary

Stored in publicly available repository

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol file</a>	version 4.0	20/11/2024	28/11/2024	No	No
<a href="#">Protocol file</a>	version 5.0	07/01/2025	28/01/2025	No	No