



Skin & Allergy News

THE LEADER
IN NEWS
AND
MEETING
COVERAGE

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AUGUST 2009

Dr. Sheila Fallon Friedlander (left) and Dr. Catalina Matiz found that children with atopic dermatitis and *S. aureus* had a relatively lower incidence of methicillin resistance.



COURTESY RADY CHILDREN'S HOSPITAL IN SAN DIEGO

CA-MRSA Less Likely In Atopic Children

BY KERRI WACHTER

PHILADELPHIA — Community-associated methicillin-resistant *Staphylococcus aureus* skin infections occur significantly less often among children with atopic dermatitis than among other outpatients with skin and soft tissue infections, based on a retrospective study of 78 children.

Children with atopic dermatitis (AD) and *Staphylococcus aureus* skin infections had a relatively low incidence (14%) of methicillin resistance, much lower than the rate noted (45.5%) in other outpatient services during the same period, Dr. Catalina Matiz and her colleagues wrote in a poster presented at the annual meeting of the Society for Pediatric Dermatology.

Dr. Matiz, a postdoctoral fellow at Rady Children's Hospital in San Diego, and her investi-

gators conducted a retrospective chart review of 78 children with super-infected AD seen at the Rady pediatric and adolescent dermatology clinic between June 2007 and June 2008. The children had a positive skin culture for *S. aureus*.

They compared these data with all skin and soft tissue infection outpatient samples sent to the hospital's microbiology lab during the same period, and also with those sent during January 2000 through January 2001 (excluding samples from the dermatology clinic).

The CA-MRSA rate for samples from outpatient services from 2000-2001 was 4% (192 *S. aureus*-positive cultures). The outpatient services' rates increase from 2000-2001 to 2007-2008, highlight the sharp increase in CA-MRSA over the last several years, Dr. Matiz noted.

The rate of community-asso-

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INSIDE

Roche Pulls Accutane

Decision should not affect patients' access to isotretinoin.

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Cosmeceutical Critique

Dr. Leslie S. Baumann explores the healing powers of the Dead Sea.

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Say Awww

The clinical features of lupus in children are subtle and easily overlooked.

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FIDE

How one group has turned global dermatology into a reality.

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Proposed Pay Plan Gives 3% Increase To Dermatologists

CMS estimates don't include 21.5% cut.

BY MARY ELLEN SCHNEIDER

Dermatologists could see a 3% increase in their Medicare payments next year, provided Congress steps in to stop a projected 21.5% across-the-board payment cut.

The estimates on reimbursement were part of the 2010 Medicare Physician Fee Schedule proposed rule, from the Centers for Medicare and Medicaid Services.

The proposal also includes increased pay for primary care physicians, decreased pay for some specialists, and a potential way to get rid of the sustainable growth rate formula. A final rule is expected in November.

Dermatologists could end up with a positive update mainly due to increases in the practice expense relative value units, which were recalculated based on new survey information.

But overall, the proposed fee schedule is not good for dermatologists or any specialist, said Dr. Brett Coldiron, of the department of dermatology at the University of Cincinnati and a member of the board of directors of the American Academy of Dermatology.

The main problem, he said, is the loss of consultation codes. Under the proposal, the CMS would eliminate the use of all consultation codes except telehealth codes starting Jan. 1. At

See **Pay Plan** page 13

CASE OF THE MONTH



COURTESY DR. VAN VELKURU

A 67-year-old female presented with pain, swelling, and morning stiffness in multiple joints as well as weight loss and fatigue. An erythematous, photodistributed, maculopapular rash, plus periorbital erythema and involvement of the dorsum of the interphalangeal joints, suggested dermatomyositis. A biopsy changed everything. What's your diagnosis? See **Case of the Month**, page 59.

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Findings Considered Surprising

CA-MRSA from page 1

ciated methicillin-sensitive *S. aureus* among patients with AD was 86%. In comparison, the CA-MSSA rate for other outpatient services during the same period was 55%. The CA-MSSA rate for outpatient services from 2000-2001 was 96%.

Interestingly, the investigators found that prior history of hospitalization, eczema severity, age, gender and prior antibiotic treatment had no impact on risk of methicillin resistance or sensitivity in these patients.

For the patients with AD, positive *S. aureus* cultures were most common among

'If you think of patients with AD as being more at risk for infection, you would think that at the very least they would have the same rate as that occurring in the regular population.'

patients aged 1-4 years (26%), followed by those aged 5-9 years (24%), and those less than a year (23%).

The double diffusion test (D-test)—which is used to assess inducible resistance to clindamycin—was performed for 576 of the CA-MRSA samples from the hospital's lab in 2008. In all, 2% were positive for clindamycin-inducible resistance. However, none of the D-tests performed on cultures from patients with AD were positive. D-tests were performed for six of nine cultures that showed erythromycin resistance among patients with AD.

The findings are striking. "It's absolutely counterintuitive because if you think of patients with AD as being more at risk for infection, you would think that at the very least they would have the same rate as that occurring in the regular population," said Dr. Sheila Fallon Friedlander, a study coauthor and a professor of pediatrics and medicine at the University of California, San Diego.

Based on conversations with colleagues, other pediatric dermatologists seem to be seeing similar patterns, said Dr. Friedlander. The researchers are not sure why these children have fewer CA-MRSA infections, though they have a couple of ideas.

It may be that "because these kids are

colonized already so much of the time with regular *S. aureus*, that it may exert sort of a protective effect against CA-MRSA," Dr. Friedlander said.

In addition, patients with AD tend to present more often with multiple lesions. "That may also play a role in this. It may be that our atopic patients are presenting with secondarily-infected lesions that are distinct from the abscesses and the folliculitis that we are seeing in the community," she noted.

The findings "have informed the way that I prescribe medications for my patients," she said. The results suggest that more standard antibiotic drugs with fewer side effects—like cephalosporins—can be used first, especially while waiting for culture results. This could not only reduce costs but also save patients from more serious side effects of antibiotics used for resistant pathogens.

In addition, it would help to reduce selection of more resistant bacteria. "It [could protect] our bigger gun drugs—reserving them for when you really need them," said Dr. Friedlander, who added that it is important to factor in local demographics about CA-MRSA infection when deciding on a treatment.

Dr. Friedlander pointed out that while the findings are very interesting, this is a small study. "I think it's an interesting first step," she said. Further prospective studies, looking at both CA-MRSA colonization and infection rates in children with AD, will be important to confirm these results.

In a separate study also presented at the meeting, Canadian researchers found a MRSA colonization rate of 0.5% among 200 pediatric patients with AD, and a *S. aureus* colonization rate of 61%.

The researchers collected a total of 400 swabs from the nares and open areas/folds of AD patients (aged 1 month-18 years) with intact skin. Severity of AD was assessed using the an AD severity score, said Dr. Alexandra Balma-Mena, a resident at the Hospital for Sick Children in Toronto. A score of 0-12 was considered mild disease, a score of 13-18 was considered moderate, and a score of 19-25 was considered severe.

More of the patients were male (57%); the average age was 5 years. Most patients had mild disease (66%), followed by moderate (30%), and severe (4%). ■

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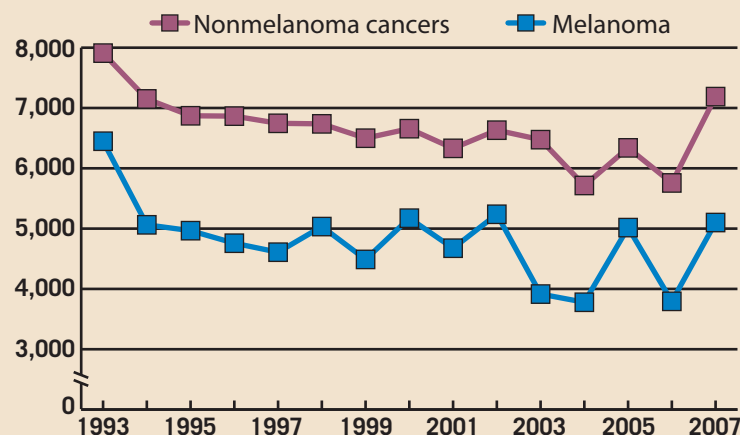
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Hospital Discharges for Skin Cancer Down Since 1993



Note: Based on data from the Healthcare Cost and Utilization Project.
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