

MRSA-Related Vulvar and Labial Abscesses Seen in Children

BY SHARON WORCESTER

Tallahassee Bureau

NEW ORLEANS — A recent series of “curious” cases of large vulvar or labial abscesses in previously healthy children were associated with methicillin-resistant *Staphylococcus aureus* and represent the first reported cases of such MRSA-related abscesses in the pediatric and adolescent population, S. Paige Hertweck, M.D., reported at the annual meeting of the North American Society for Pediatric and Adolescent Gynecology.

Six patients, aged 2, 16, and 17 months and 3, 12, and 16 years, presented during 2004 with vulvar or labial abscesses requiring debridement and drainage. All had confirmed *S. aureus* infection, and five of the patients had MRSA.

The MRSA cases presented initially with a red papule that progressed rapidly, and by day 2 a fulminant abscess extended significantly beyond the labia. The abscesses had an area greater than 5 cm.

After debridement and 48-72 hours of continuous drainage, all patients were treated with antibiotics. The use of small

incisions at each end of the abscess cavities allowed digital manipulation, and the use of a small Penrose drain threaded through each incision and tied to itself allowed continuous drainage that negated the need for extensive packing, which can be difficult in children.

None of the children had typical risk factors for MRSA, although three did have household contacts with lesions that might have been associated with MRSA. All infections were sensitive to clindamycin, Bactrim (trimethoprim-sulfamethoxazole), and vancomycin, she said.

MRSA should be considered in all patients presenting with rapidly progressing vulvar or labial erythema. Aggressive treatment with incision and drainage in such cases is warranted, Dr. Hertweck said, noting that a limited incision site and the use of a Penrose drain are recommended in children.

In addition, appropriate antibiotic therapy should also be initiated.

“While our sensitivities may not translate to your community, it might be appropriate to start with something like clindamycin,” she said. ■

Community-Acquired MRSA Is Dominant at N.Y. Hospital

BETHESDA, MD. — Community-acquired methicillin-resistant *Staphylococcus aureus* was three times more prevalent than nosocomial MRSA in a small, nonteaching community hospital, reported Ananthakrishnan Ramini, M.D., at the annual conference on antimicrobial resistance sponsored by the National Foundation for Infectious Diseases.

MRSA was once limited to tertiary care centers and large hospitals but is rapidly becoming a dominant community pathogen, said Dr. Ramini, a physician at Columbia Memorial Hospital, a 192-bed facility in Hudson, N.Y.

Dr. Ramini and his colleagues conducted a prospective study of all MRSA infections in the hospital from January to December 2004. The investigators identified 78 cases of MRSA, of which 58 (74%) were community-acquired.

The definition of community-acquired infection was an infection that surfaced within 48 hours of hospital admission.

Among the 51 patients older than 70 years, 47 had MRSA resistant to both clindamycin and erythromycin, which suggests more comorbidities in older patients, Dr. Ramini said. None of the organisms was resistant to oxacillin.

In addition, more of the MRSA cases (both community acquired and nosocomial) occurred outside than inside the ICU (56 vs. 22).

“There was a very high mortality among these patients,” Dr. Ramini noted.

Of the infected patients, 21 died, 39 were discharged to a nursing home, 15 went home, and 3 entered a tertiary care facility. “What was surprising was that community MRSA was so much more prevalent than nosocomial MRSA,” Dr. Ramini said.

“We need to be aware that treatment with a β -lactam alone is no longer a reliable empiric therapy,” he added.

He had no conflicts of interest to report.

—Heidi Splete

Study: Linezolid Beats Vancomycin For Treatment of MRSA Infections

BY HEIDI SPLETE

Senior Writer

MIAMI — Linezolid was superior to vancomycin for treatment of presumed methicillin-resistant *Staphylococcus aureus*-based infections in 717 patients, reported Kamal Itani, M.D., and associates in a poster presented at the joint annual meeting of the Surgical Infection Society and the Surgical Infection Society-Europe.

“We expected linezolid to be better, but it was even better than we expected,” Dr. Itani, chief of surgery at VA Boston Health Care System, said in an interview.

In this large, multinational, open-label study, patients were randomized to receive 600 mg of linezolid every 12 hours either via IV or orally, or 1 g of vancomycin via IV every 12 hours.

The treatment duration was planned to be 7-14 days, but some patients were treated for up to 21 days.

In the initial population of 717 patients, those on linezolid had a shorter mean duration of IV therapy than did those on vancomycin (1.7 days vs. 9.1 days).

Of this population, MRSA infection was confirmed in 226 patients whose mean duration of IV therapy was 1.4 days on linezolid compared with 12.4 days on vancomycin.

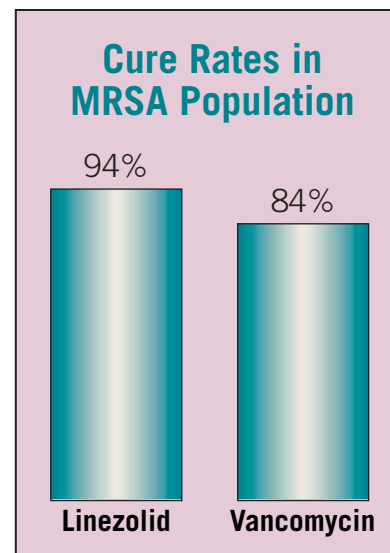
The clinical cure rates for all patient demographics were significantly higher among linezolid patients compared with vancomycin patients (91.7% vs. 86.0%). The most significant difference in cure rates appeared in the MRSA population—94.2% in the linezolid group vs. 83.7% in the vancomycin group.

Approximately 20% of the linezolid patients could begin with oral therapy, whereas all of the vancomycin patients had IV therapy, Dr. Itani noted in an interview.

In addition, the overall mean length of hospital stay for linezolid patients was approximately 2-3 days less than that of the vancomycin patients. These data support linezolid as the more efficient choice for complicated skin

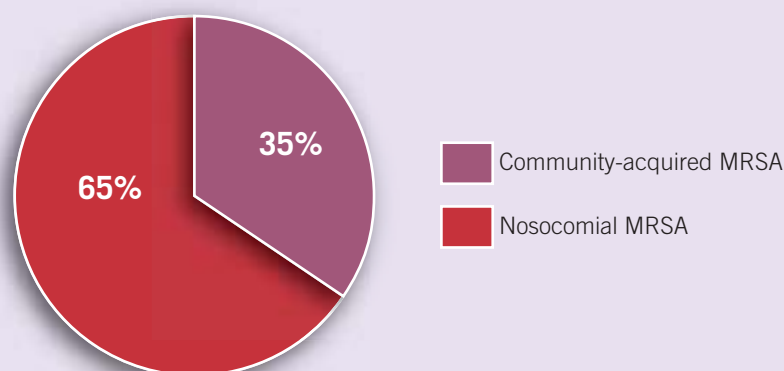
and soft tissue infections due to suspected or proven MRSA, according to Dr. Itani.

The study, supported in part by Pfizer Inc., represents the largest known superiority study of linezolid, he added. ■



DATA WATCH

One-Third of Methicillin-Resistant *Staphylococcus aureus* in A Teaching Hospital Is Found to Be Community Acquired



Notes: Based on 329 MRSA-positive patients found over a 10-month period in a teaching hospital in 2004. Data are from a poster presented at the joint annual meeting of the Surgical Infection Society and the Surgical Infection Society-Europe.
Source: Renae Stafford, M.D., and associates

KEVIN FOLEY, RESEARCH/SARAH L. GALLANT, DESIGN

MRSA Threatens Trauma Patients

MIAMI — In a prospective, 6-month study of 210 consecutive trauma patients, 15% had at least one nasal swab that was positive for methicillin-resistant *Staphylococcus aureus*, Grant V. Bochicchio, M.D., wrote in a poster presented at the joint annual meeting of the Surgical Infection Society and the Surgical Infection Society-Europe.

Of the 210 patients, 17 (8%) had a positive MRSA swab on admission, and 14 (7%) had a positive MRSA swab subsequently, said Dr. Bochicchio, a surgeon with the R. Adams Cowley Shock Trauma Center in Baltimore. Of the 17 patients with positive MRSA swabs on admission, 5 (29%) were diagnosed and treated for their infections. Of the 14 patients who had a positive MRSA swab later, 10 (71%) were diagnosed with MRSA infections; these 10 had been

exposed to MRSA-positive patients.

Overall, patients who were MRSA positive on admission were significantly more likely to have a history of renal failure, diabetes, and drug abuse; patients who acquired MRSA infections later were significantly more likely to be obese and to have a history of renal or liver disease than were non-MRSA patients. A total of 42% of the patients who had positive MRSA swabs at any point during the study were treated with antibiotics within 6 months of their current hospital admission.

Also, hospital stays for MRSA-diagnosed patients and those who had MRSA-positive nasal swabs were significantly longer (25 days and 19.5 days, respectively) than for non-MRSA patients (14 days).

—Heidi Splete