MRSA Infection Seen in Kids With Labial Abcesses

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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 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 the infections were sensitive to clindamycin, Bactrim (trimethoprim-sulfamethoxazole), and vancomycin, Dr. Hertweck noted.

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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, she said, noting that a limited incision site and the use of a Penrose drain are recommended in children.

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. ■

Obstructed Hemivagina: Conservative Tx

New Orleans — Most young patients with obstructed hemivagina and ipsilateral renal anomalies can be managed conservatively with single stage vaginoplasty, Nicole A. Smith, M.D., reported in a poster at the annual meeting of the North American Society for Pediatric and Adolescent Gynecology.

This is true even in the setting of infection, wrote Dr. Smith, who also noted that routine laparoscopy is not essential in the management of this condition, which is fairly common but often misdiagnosed.

Misdiagnosis can lead to inappropriate treatment or can delay appropriate treatment (forcing some girls to live unnecessarily with debilitating pain from a condition that could be easily treated), according to Dr. Smith of Children's Hospital Boston.

A series of 27 cases at that hospital over a 12-year period underscores the need for a high level of clinical suspicion for the syndrome in the presence of a suggestive ultrasound.

In the 27 cases, initial ultrasound was 50% sensitive in suggesting a diagnosis; MRI after referral led to correct diagnosis in 85% of patients.

A total of 26 patients underwent vaginal resection, but only 7 underwent laparoscopy. Only seven required a staged vaginoplasty; the reasons for staged vaginoplasty included incomplete previous resection, infection, anatomic distortion, and restenosis, Dr. Smith noted.

—Sharon Worcester