MRSA Eyed as Pathogen in Girls' Genital Abscesses

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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.

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.

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. ■

Community-Acquired MRSA Expands Range

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