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MRSA—RESISTANT STAPH INFECTION

Antibiotic resistance is becoming an increasing problem as antibiotic use has increased in both humans and in animals (for food production).

Among the most important and common of the resistant germs is MRSA (pronounced ‘mersa’). This stands for Methicillin Resistant Staph Aureus, a common skin bacteria that is resistant to many common penicillin-based antibiotics that have been used in the past.

MRSA can cause infections of various organs in the body, but in over 90 percent of the time it is related to skin infections.

Typically MRSA causes deep-skin infections resulting in boils or furuncles (large zits). These tend to be large red nodules without a white center. These can occur on any part of the body and are generally recognized when they persist, enlarge, and multiply in an area of skin despite patience, washing and perhaps a trial of ‘routine’ antibiotic pills.

Definitive diagnosis can be difficult, but given the widespread nature of MRSA these days, we may attempt to culture the infected skin lesions, but often a different approach will be taken.

Treatment:

Warm/hot compresses: These can help resolve the infection, but compresses are generally inadequate on their own.

Squeezing/lancing the infected lesions: This can help, but generally there is no ‘white head’ or pocket of pus to extrude. Still, squeezing the lesions may result in quick resolution by breaking up the underlying infection and tissues.

Topical antibiotics: These are occasionally helpful. None of the over-the-counter topicals such as Neosporin, Triple Antibiotic or Bacitracin are effective. Bactroban (muporocin), a prescription topical antibiotic, may be needed and can help a bit.

Antibiotic pills: Pills may be required and are often, but not always, effective. Bactrim (Sulfa) and Doxycycline (tetracyclines) need to be prescribed. They are taken either singly or in combination for 7-14 days. If these do not work, then IV antibiotic are sometimes considered. A very expensive oral medication Zyvox (linezolid) can be considered (approximately \$1,000 in cash for a 1 week supply).

Prevention:

Once a person has had MRSA they are prone to repeat infections in the future. Once you have been diagnosed, it is important to always consider this possibility in future infections of the skin or other parts of the body. Most of the time, such infections are not related to MRSA, but it is important to at least consider this possibility.

To protect yourself and others from additional MRSA infection, follow these simple rules:

Wash your hands regularly and often. In particular, after you have tended an MRSA infected skin lesion.

Keep cuts and scrapes clean and covered.

Do not touch other people's wounds or bandages.

Do not share personal items such as towels and razors.

Wash clothing effectively with a little extra detergent and dry under hot conditions in the dryer.

Use hand sanitizer often.