Students' Corner
Letter to the Editor

Skin and soft tissue infections

Madam, Gram-positive aerobes are the most common organisms in hospitalized patients with skin and soft-tissue infections (SSTIs). Staphylococcus aureus is the most common Gram-positive aerobe. Among these infections with methicillin-resistant S. aureus (MRSA) is the most common pathogen.[1] The increased prevalence of MRSA has been noted in the hospital as well the community setting and with the exponential use of antimicrobial agents antimicrobial resistance have become a major limiting factor in their use for the eradication of skin and soft tissue infections. During the last six year interval, the SENTRY data discloses an increase in the proportion of MRSA from 26% to 47 %, which is remarkable. This means that the challenge posed by MRSA is enormous.[2] The over all prevalence of MRSA is 59 % in skin and soft tissue infections ranging between 15 to 79%.[3] However, these percentages reflect the prevalence of MRSA in developed countries like United States, this reflects that situation can be even more grave in Pakistan which means an absolute urgency to find the prevalence of MRSA strains in skin and soft tissue infections in a Health system that is still very much in development and also to design appropriate guidelines that could be beneficial in the eradication of complications of skin and soft tissue infections due to MRSA. A study reflects a percentage of 5.5% and 2.5% postoperative surgical wound infections in orthopaedic theatres of a tertiary care government and a private hospital in Karachi.[4] However, the actual burden can be a lot more and this data only represents orthopaedic theatres. Surgeons have played a remarkable role in the treatment of infection for two centuries now. With the advent of 19th century along with anesthaesia and asepsis, horizons of surgical therapy have really broadened. The discovery of antimicrobial agents has done marvels but at the same time these agents have developed resistance, one of the major limiting factors in their usage.

The recommendations made by the American Society of Infectious disease have made significant progress and have now been used globally for the treatment of surgical wound infections.[5]

The American Society of Infectious disease also confirms and supports the role of surgical abscess drainage along with these antimicrobial agents, an entity that has been underscored. The following table represents the regime for skin and soft tissue infections.

Table: Antimicrobial recommendations for the skin and soft tissue infections.

Intravenous Drugs	
Vancomycin	30 mg/kg/day in two doses
Linezolid	600 mg every 12 hours
Clindamycin	600 mgs every 8 hours
Daptomycin	400 mg/kg daily
Oral Drugs	
Linezolid	600 mg twice daily
Clindamycin	300 - 450 mg three times daily
Doxycycline and Minocycline	100 mg twice daily
Trimethoprim/Sulfamethoxazole	1-2 double strength tablets daily

These guidelines not only help in the eradication of MRSA strains causing skin and soft tissue infections

but will also help in reducing significant mortality in our country.

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