

**EXAMPLE OF ABSTRACT****COMMUNITY-ASSOCIATED MRSA (CA-MRSA) ECTHYMA IN A CHILD**

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**Introduction:** Community-associated Methicillin-Resistant *Staphylococcus aureus* (CA-MRSA) can cause infections in otherwise healthy persons.

**Background:** Ecthyma is a skin infection similar to impetigo. Necrotic lesions occur deep inside the skin and diagnosis is by characteristic appearance. Cultures of lesions are indicated only when the patient does not respond to **empiric therapy**.

**Case Report:** A 12-year-old girl, with no significant medical history, presented with difficulty in mouth opening and worsening left cheek swelling of 3 days duration. On examination the patient was pyrexia with left facial cellulitis and indurated upper lip along with multiple pustular lesions consistent with ecthyma of left side of mouth. The lesions extruded purulent material from which swabs were taken for wound culture. Twice daily, the affected area was debrided with dilute Povidone-iodine and Mupirocin ointment was applied. Empirically, iv Cefuroxime and iv Metronidazole were given. On Day 3 of admission, the patient reported right inguinal pain that was surgically diagnosed as constipation colic. On Day 4, wound culture revealed MRSA (< 48 hours of hospitalization) and, patient continued to spike high temperatures and developed dyspnoea with clinical and radiological findings of pneumonia. She was diagnosed with community acquired pneumonia and transferred to ICU for close monitoring and initiated on iv Vancomycin and iv Cefepime for 5 days. The antibiotic was escalated to Linezolid for better lung penetration and later de-escalated to iv Vancomycin, and completed 14 days of antibiotics. During her course of treatment the CRP trend: 13.4 >11 >10.3 >8.1 >5.5 >0.7 and WBC trend: 16.48 >14 >16 >18 >17 >9.71 normalized. The ecthyma resolved with a small scar, and follow-up radiological and echo findings were unremarkable.

**Conclusion:** This case illustrates the importance of culturing wounds, the need for clinicians to recognize the characteristic features of ecthyma and to initiate antibiotics as guided by the prevalence of CA-MRSA in the community.

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