CHALLENGES WITH UNUSUAL INFECTION OF UNSUAL SEVERITY - METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS INFECTION

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INTRODUCTION

MRSA is an important cause of morbidity & mortality. Recently CA–MRSA infections are on the rise. Hence, a strong index of suspicion is important to diagnose and treat early.

CASE HISTORY

A 4 yr old child presented with complaints of

- ❖ Pain in the right shoulder for 6 days
- ❖ Followed by pain in the hip which was later followed by generalized body pain
- ❖ Fever for 4 days.

Child was toxic, febrile and unable to walk and move his right hand . He had generalized swelling of the above limbs which were tender.

INVESTIGATION

- ❖ Blood parameters showed leukopenia, thrombocytopenia, high CRP (237mg/dl).
- ❖ MRI of the right upper limb showed features of osteomyelitis in the right humerus and consolidation involving the right lung.
- ❖ Whole body MRI was done which additionally showed myositis of both thigh muscles
- ❖ CT chest confirmed bilateral lung consolidation.
- ❖ Blood culture grew MRSA.

MANAGEMENT

- ❖ Child was treated with vancomycin and linezolid.
- ❖ Child was intubated on day 4 of admission post surgery (Curettage, Saucerisation).
- ❖ Nearly 200 ml pus was drained from the right upper arm. Right chest drain was also inserted.
- ❖ A course of IVIG was given for persistent toxemic symptoms

DISCUSSION

Invasive MRSA infections associated with the production of PVL toxins have high mortality despite adequate treatment.

This case is presented to discuss

- ❖ Issues with CA-MRSA infections , clinical clues to early recognition and appropriate treatment.
- ❖ When to suspect infections due to strains producing PVL toxin.
- ❖ Empirical choice of antibiotics
- ❖ Interpreting cultures of MRSA bacteremia
- ❖ Role of various antimicrobials and IVIG.
- ❖ Ideal investigation and treatment for osteomyelitis,
- ❖ Community level prevention strategies and
- ❖ Carrier detection issue with MRSA infections.

KEYWORDS

MRSA , Osteomyelitis , Pneumonia