CA-MRSA Less Likely In Atopic Children

BY KERRI WACHTER

PHILADELPHIA — Community-associated methicillin-resistant Staphylococcus aureus skin infections occur significantly less often among children with atopic dermatitis than among other outpatients with skin and soft tissue infections, based on a retrospective study of 78 children.

Children with atopic dermatitis (AD) and Staphylococcus aureus skin infections had a relatively low incidence (14%) of methicillin resistance, much lower than the rate noted (45.5%) in other outpatient services during the same period, Dr. Catalina Matiz and her colleagues wrote in a poster at the Society for Pediatric Dermatology.

Dr. Matiz, a postdoctoral fellow at Rady Children’s Hospital Dermatology, and Dr. Catalina Matiz found that children with atopic dermatitis and S. aureus had a relatively lower incidence of methicillin resistance.

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Dr. Matiz, a postdoctoral fellow at Rady Children’s Hospital in San Diego, and her coinvestigators conducted a retrospective chart review of 78 children with super-infected AD seen at the Rady pediatric and adolescent dermatology clinic between June 2007 and June 2008. The children had a positive skin culture for S. aureus.

They compared these data with all skin and soft tissue infection outpatient samples sent to the hospital’s microbiology lab during the same period, and also with those sent during January 2000 through January 2001 (excluding samples from the dermatology clinic).

The CA-MRSA rate for samples from outpatient services from 2000-2001 was 4% (192 S. aureus-positive cultures). The outpatient services’ rates increased from 2000-2001 to 2007-2008, highlighting the sharp increase in CA-MRSA over the last several years, Dr. Matiz noted.

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patients aged 1-4 years (26%), followed by those aged 5-9 years (24%), and those less than a year (23%).

The double diffusion test (D-test)—which is used to assess inducible resistance to clindamycin—was performed for 576 of the CA-MRSA samples from the hospital’s lab in 2008. In all, 25% were positive for clindamycin-inducible resistance. However, none of the D-tests performed on cultures from patients with AD were positive. D-tests were performed for six of nine cultures that were positive for clindamycin-inducible resistance. The findings are very interesting, this is a small study. “I think it’s an interesting first step,” she said. Further prospective studies, looking at both CA-MRSA colonization and infection rates in children with AD, will be important to confirm these results.

In a separate study also presented at the meeting, Canadian researchers found a MRSA colonization rate of 0.5% among 200 pediatric patients with AD, and a S. aureus colonization rate of 61%.

The researchers collected a total of 400 swabs from the nares and open areas/folds of AD patients (aged 1 month-18 years) with intact skin. Severity of AD was assessed using the AD severity score, said Dr. Alexandra Balma-Mena, a resident at Johns Hopkins Hospital.

‘If you think of patients with AD as being more at risk for infection, you would think that at the very least they would have the same rate as that occurring in the regular population.’

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