Individualize Postcosmesis Antibiotic Prophylaxis

BY NANCY WALSH
New York Bureau

MIAMI BEACH — Consider whether antimicrobial prophylaxis is needed for cosmetic procedures by evaluating the nature and extent of any wound that may result, as well as the patient’s history of herpes simplex infection, Dr. Mark S. Nestor said at a symposium sponsored by the Florida Society of Dermatology and Dermatologic Surgery.

Prophylaxis is a must for ablative procedures such as CO2 and erbium laser resurfacing, but clinical judgment is needed for other procedures. More aggressive nonablative procedures such as Fraxel laser treatment can cause superficial wounds that last 3-7 days; judicious use of antibiotics may be indicated, he said.

For photodynamic therapy and Thermage, antibiotic prophylaxis is generally not needed unless the patient has risk factors such as diabetes or immune suppression or is malnourished, he said.

The antibiotic used for prophylaxis should be sufficiently broad spectrum to cover not only gram-positive streptococcal and staphylococcal infections, but also the important gram-negative pathogens. A useful choice is cefdinir (Omnicef), which has excellent skin penetration and can be used even in penicillin-allergic patients, he said.

“Your are going to get calls from the pharmacist about using a cephalosporin in penicillin-allergic patients, but there is no problem with this whatsoever,” he said. The reason for this lies in the structure of the drug: Cefdinir’s side chains are different from those of penicillin or ampicillin.

Antiviral prophylaxis should be considered for susceptible patients. “For patients who get frequent cold sores, there really is no reason not to give these drugs because they are safe and easily tolerated,” he said. Either famciclovir or valacyclovir can be used.

Prophylaxis is not required with the use of injectable fillers, but antiviral treatment may be needed if the lips are the site of injection and the trauma results in re-activation, said Dr. Nestor, who is in private practice in Aventura, Fla.

Antiviral prophylaxis can begin 2 days before the procedure, while antibiotic prophylaxis should begin the night before or the morning of the procedure. Both should continue for about 10 days, until the patient is fully reepithelialized, he said.

Prophylaxis can prevent many, but not all, infections. Early signs of bacterial infection include increasing redness, pain, and new formation of ulcerations. Cultures and a change of antibiotic are often necessary, and vigilance is needed because scarring can occur, he said.

Steroid-free pruritus relief for your eczema and atopic dermatitis patients

...ahhh

SARNA® Sensitive Anti-Itch Lotion
- Pramoxine hydrochloride 1%, a highly effective and well-tolerated antipruritic
- Breaks the Itch-Scratch cycle
- No fragrance or paraben preservatives; non-irritating, non-sensitizing
- Moisturizing emollient lotion with dimethicone and petrolatum
- Steroid-free and non-greasy

Available without a prescription
Use only as directed.