

Splurge - Volume 6 Issue 3 (March 2011)

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MRSA

In clinical practice all over the country, physicians have seen an alarming increase in the number of MRSA cases coming into our exam rooms and emergency rooms. The conventional thinking is that certain populations are particularly vulnerable to this bacterial infection – those in hospitals, the elderly, young children, or those with lowered immune systems – but it’s increasingly (and disturbingly) common for healthy adults and children to contract MRSA and its devastating spread throughout the body.

Many people haven’t heard of MRSA, or, methicillin-resistant *Staphylococcus aureus*, but we all increasingly should familiarize ourselves with this potentially deadly bacterial infection. Staph infection has been around forever, but MRSA was only detected in 1961, shortly after physicians began to use the methicillin antibiotic to treat staph infections. The MRSA bacterium was initially isolated as particularly resistant to synthetic penicillin treatment. Even as technologies have progressed, MRSA is still a dangerous and difficult infection to fight.

MRSA is a skin infection, and is usually contracted by direct contact with infected skin, mucus, or the particulates of an infected person’s cough. However, the bacteria can also spread through touching towels, clothing, or other objects in contact with an infected person. At special risk are those with lowered immune systems, children in daycares and germ-prone environments, hospital patients and workers, diabetics, and the elderly. People with obvious skin breaks (surgical patients, burn victims, those who have intravenous lines, etc.) or chronic diseases (such as cancer or HIV) need to be especially cautious of all potential infectious bacteria in or around their living environments.

Normal skin tissue usually doesn’t allow MRSA bacteria to develop, however if there are cuts, abrasions, or other skin issues (such as psoriasis), MRSA has an opportune environment to grow. MRSA can easily pass amongst people in close quarters that may share towels, sinks, door handles, etc. This may be one reason for MRSA outbreaks in unlikely (i.e., “healthy”) populations, such as sports teams, dormitories, or military personnel. For prevention’s sake, be sure to wash your hands often, clean linens often, wear gloves when cleaning house, and make sure to clean kitchens, laundry facilities, and bathrooms as thoroughly and often as possible.

The major presenting symptom is a rash or small area that looks like a boil, pimple, or sty. Often these lesions are mistaken for spider bites. Other symptoms include cellulitis, red, warm and tender to touch, abscesses, carbuncles (infections larger than abscesses, with several openings to the skin), or impetigo (skin infection with pus-filled blisters). MRSA spreads quickly, and can pervade any major organ system. Often accompanying these skin lesions are any number of the following symptoms: fever, chills, joint pain, low blood pressure, headaches, shortness of breath, and all-over-body rash. Patients presenting these symptoms need **immediate** medical attention, **especially** if accompanied by a skin infection.

Make sure to tell your physician if you or your loved one is experiencing these symptoms. If you go to the emergency room or see a physician about a seemingly unrelated condition, I implore you to tell them about your skin – for your health and the health of those around you. MRSA screening is typically done by a nasal swab. The results are back within two hours. If there is an open sore or drainage from a wound, samples can be obtained but results are often delayed by 48 hours or more for a culture to grow. In severe cases, blood cultures may be obtained as well. First line of treatment for mild abscesses is incision and drainage, followed by antibiotics (possibly Bactrim, Vibramycin, or Cleocin). More severe cases may require hospitalization and IV antibiotics.

MRSA infections can create life-threatening complications including necrotizing fasciitis, endocarditis (an infection of the lining around the heart), bone infection, pneumonia, or sepsis (blood infection). At worst, MRSA can lead to permanent damage of organ systems or death. I have seen more of these infections in completely healthy individuals and immediate treatment is necessary to avoid more severe complications. Ignoring what looks like a bug bite can lead to major problems.

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