

SOUTHWESTERN NEWS

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ANTIBIOTICS MAY NOT BE NECESSARY WHEN TREATING CHILDREN WITH A SIMPLE SKIN ABSCESS

DALLAS – Feb. 24, 2004 – Physicians may not need to prescribe antibiotics when treating a common skin infection in children, according to researchers at UT Southwestern Medical Center at Dallas.

The findings, which appear in the February issue of *The Pediatric Infectious Disease Journal*, show draining a skin or soft-tissue abscess – a pus-filled boil – and packing the wound with gauze is adequate therapy for simple skin abscesses. Patients still need to seek medical attention for these boils even though they may not need antibiotics.

This traditional treatment is even effective when the antibiotic-resistant, methicillin-resistant *Staphylococcus aureus* (MRSA) causes the abscess. Children can get these boils from a scratch or prick, even when there are no known signs of a preceding trauma.

Antibiotic-resistant bacteria are often thought to be more virulent than their ancestors, said Dr. R. Doug Hardy, assistant professor of internal medicine and pediatrics and the study's senior author. Many physicians now have questions regarding how aggressively to treat these antibiotic-resistant bacteria.

“We were surprised. What we found is that if a physician adequately drains the abscess, it will most likely get better with or without effective antibiotics,” Dr. Hardy said.

At the beginning of the study, researchers were simply looking for alternative drugs and treatments for the methicillin-resistant *Staphylococcus aureus*. Abscesses caused by these bacteria have become extremely common in children.

“I think it's good news for physicians. It addresses the dilemma of how to treat these kids,” said Dr. Michael C. Lee, assistant professor of pediatrics and co-lead author of the study. “We needed a plan, and we needed to know how to deal with it better on a day-to-day basis.”

The study is among the first to look at managing an infection caused by antibiotic-resistant bacteria, researchers said. Previous research has focused mainly on identifying

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antibiotic-resistant bacteria and determining frequency and risk of infections.

The prospective study, one of the largest to date on this subject, included 69 children. Patients' average age was 5½ years. All children had their abscesses drained through incision, manually or spontaneously. Nearly all were initially treated with ineffective antibiotics before physicians knew whether patients were infected with the resistant bacteria.

In 21 children, the prescribed antibiotics were changed on their first follow-up visit to drugs that could kill the resistant bacteria, while in 37 children antibiotics were not adjusted. On further follow-up, researchers found no statistically significant differences with regard to fever or wound tenderness, discharge or size in patients whose antibiotic therapy was changed compared to those whose therapy was not changed to an effective antibiotic.

Four patients were hospitalized on the initial follow-up visit because the abscess had either increased or had not improved as physicians expected. One third of the patients with an abscess and cellulitis more than 5 centimeters in diameter were hospitalized. Ineffective antibiotic use from the initial visit did not predict whether a child would need to be hospitalized, according to the study. It is not known if these findings apply to infants.

Other UT Southwestern researchers involved in the study were Dr. Ana Rios (co-lead author on the study), Dr. Monica Fonseca-Aten and Dr. Asuncion Mejias, all postdoctoral trainee clinicians in pediatric infectious diseases; Dr. Dominick Cavuoti, assistant professor of pathology; and Dr. George McCracken Jr., professor of pediatrics.

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