

Skin and Soft Tissue Infections in the Emergency Department



Amelia Breyre, MD, Bradley W. Frazee, MD*

KEYWORDS

• Abscess • Cellulitis • Necrotizing fasciitis • MRSA

KEY POINTS

- Purulent skin infections are often caused by methicillin-resistant *Staphylococcus aureus*.
- State-of-the-art treatment of skin abscesses combines thorough surgical drainage and adjunctive antibiotics that cover methicillin-resistant *S aureus*, such as trimethoprim-sulfamethoxazole.
- Nonpurulent cellulitis is a predominantly streptococcal disease and initial empiric antibiotics need not cover methicillin-resistant *S aureus*.
- Emergency physicians need be vigilant for rare, but potentially lethal, necrotizing skin and soft tissue infections.

INTRODUCTION

Skin and soft tissue infections (SSTIs) result in more than 14 million ambulatory visits and more than 6 million emergency department (ED) visits in the United States annually.^{1,2} SSTIs are among the most common form of infection encountered in EDs. The term SSTI encompasses several distinct types of infections, with a broad spectrum of severity, ranging from routine to rapidly life threatening. This article focuses on the 3 most important clinical types of SSTI—abscess and purulent cellulitis, nonpurulent cellulitis and necrotizing soft tissue infections (NSTI). We also briefly review impetigo. Infections related to bite wounds and water exposure, with their unusual bacteriology, are not addressed in detail.

SSTIs can be classified several different ways. We prefer the classification scheme proposed by the Infectious Disease Society of America (IDSA) because it suggests a useful clinical diagnostic approach – in which the first step is to “look for pus” (**Fig. 1**)—dividing SSTIs according to presence or absence of purulence. If there is purulence,

Disclosure Statement: No commercial or financial conflicts of interest. No funding sources. Department of Emergency Medicine, Highland Hospital, 1411 East 31st Street, Oakland, CA 94602, USA

* Corresponding author.

E-mail address: bradf_98@yahoo.com

Emerg Med Clin N Am 36 (2018) 723–750

<https://doi.org/10.1016/j.emc.2018.06.005>

0733-8627/18/© 2018 Elsevier Inc. All rights reserved.

emed.theclinics.com

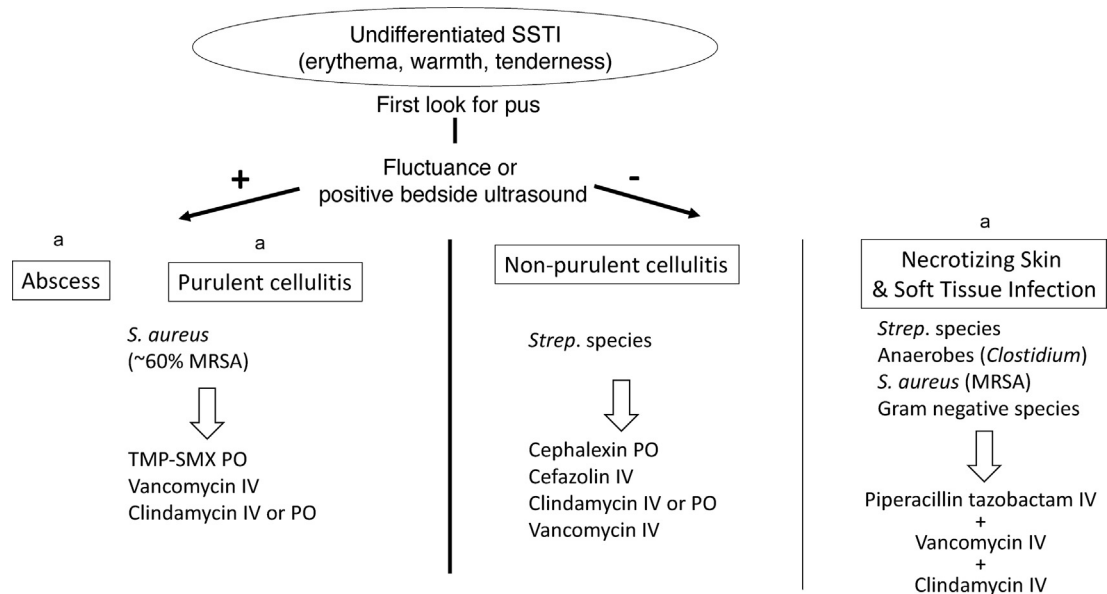


Fig. 1. Clinical diagnostic approach to undifferentiated skin and soft tissue infections (SSTI). IV, intravenous; MRSA, methicillin-resistant *Staphylococcus aureus*; PO, per os; TMP-SMX, trimethoprim-sulfamethoxazole. ^a Surgical disease.

Download English Version:

<https://daneshyari.com/en/article/11010321>

Download Persian Version:

<https://daneshyari.com/article/11010321>

[Daneshyari.com](https://daneshyari.com)