INTRODUCTION

The incidence of MRSA is on a rising trend, especially among children and adolescents. A vast proportion of cases of MRSA present as skin and soft tissue infection, which if ignored may present as life-threatening septicemia. Methicillin-resistant Staphylococcus aureus (MRSA) infection is rapidly increasing in both hospital and community settings. Several investigators have demonstrated that CA-MRSA may have evolved from established community-associated MSSA clones that possessed the genes for PVL toxin. Consequently, to the increasing prevalence of MRSA as so as to the decreased vancomycin susceptibility, complicating the infection treatment, a strict surveillance of the MRSA strains to limit their circulation and spread is required.

Case Report

We report a case of a 9 year old healthy male child, admitted in view of fever since ten days, generalised pitting oedema since eight days and severe pain in both lower limbs. He later developed tachycardia and tachypnoea and well localised swelling over the back, left shoulder and anterior abdominal wall. There was history of trivial trauma over the left elbow during sports activity, which later scabbed. He had tenderness in all four limbs. Joint pain was typically absent. CBC was suggestive of anaemia, leucocytosis and thrombocytopenia. ESR and CRP were significantly elevated. Liver and renal function tests were normal, barring hypoprothrombinemia and hypoalbuminemia. Blood culture was awaited.

PRBC transfusion was given after which tachycardia and tachypnoea subsided. Child was started on third generation cephalosporin, Ceftriaxone. Oedema gradually progressed with increasing fever spikes. Blood culture showed MRSA sensitive to Vancomycin and Linezolid, primary focus was attributed to scab over the elbow. Albumin transfusion was given in view of progressive hypoalbuminemia, oedema and tenderness. Patient gradually responded to albumin transfusion. Repeat blood culture was sent after four days of starting vancomycin, which again showed MRSA, sensitive to previously started antibiotics. Antibiotics course was given for a period of twenty-one days. Oedema and fever subsided over a period of two weeks. Patient was stable and later discharged.

DISCUSSION

CA-MRSA is common and still a major health care issue worldwide. The incidence of MRSA varies from 25 per cent in western part of India to 50 per cent in South India. Community acquired MRSA (CA-MRSA) has been increasingly reported from India. Atypical presentation of the bacteria should be suspected specially in a healthy child. Early...
detection and prompt treatment of sepsis will help to reduce the complications, morbidity and mortality associated with MRSA.

References


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