

New guidelines for treating complicated skin and soft tissue infections

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New evidence-based recommendations developed by the Surgical Infection Society to guide physicians in the diagnosis and management of complicated skin and soft tissue infections have been published in *Surgical Infections*.

Surgical Infections is the Official Journal of the Surgical Infection Society (SIS) and SIS-Europe. The Guidelines are available free online at www.liebertpub.com/sur

Complicated skin and soft tissue infections (cSSTIs) include those requiring surgical intervention or complicated by specific medical comorbidities such as kidney failure. SSTIs such as abscesses, necrotizing fasciitis, and myositis may be caused by a variety of infectious agents, usually several in combination. Staphylococcus aureus (including methicillin-resistant S. aureus, MRSA), group A streptococci, enteric gram-negative bacilli, and Clostridium species are common pathogens.

The SIS guidelines cover the diagnosis and treatment of the full spectrum of cSSTIs, including necrotizing infections that destroy surrounding tissue, nosocomial infections that occur in chronic disease settings, infections caused by bites or exposure to contaminated water, and community-acquired infections caused by MRSA.

Treatment of cSSTIs includes rapid initiation of <u>antibiotic therapy</u>, requiring the physician to rely on the appearance of the site of infection,



patient symptoms, history, and a physical examination to predict the causative agent and select a course of therapy before cultures can be done to identify the pathogen. Necrotizing infections are particularly serious, with a mortality rate of about 25% despite recent advances in therapy and newer generations of antibiotics. Rapid diagnosis and initiation of appropriate therapy, including aggressive, repetitive surgical debridement are crucial to prevent progressive tissue destruction and minimize the patient's risk of death or limb loss.

The authors of the Guidelines, who are all SIS members and representatives of the expert panel that crafted the recommendations, include: Addison May and Oscar Guillamondegui, from Vanderbilt University Medical Center (Nashville, TN); Renae Stafford, University of North Carolina School of Medicine (Chapel Hill); Eileen Bulger, University of Washington Harborview Medical Center (Seattle); Daithi Heffernan, Brown University/Rhode Island Hospital (Providence); Grant Bochicchio, University of Maryland School of Medicine (Baltimore); and Soumitra Eachempati, Weill Cornell Medical College/NewYork-Presbyterian Hospital (New York City).

"Time is tissue," says Philip S. Barie, MD, MBA, Editor-in-Chief of the Journal and Professor of Surgery and Public Health, Weill Cornell Medical College. "Any delay in the diagnosis and treatment of these virulent, fulminant infections, even of minutes, increases the risk of an adverse outcome. These guidelines help to focus the clinician on appropriate, timely diagnostic and therapeutic interventions so as to optimize the care of these seriously ill patients."

Source: Mary Ann Liebert, Inc.

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