MRSA Is Common in Perineal, Buttock Abscesses

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SEATTLE — Methicillin-resistant Staphylococcus aureus is found in one-third of perineal and buttock abscesses in women, and it accounts for fully half of the monomicrobial abscesses, according to one hospital’s experience.

“MRSA is a common problem in our hospitals and in our community, and it certainly commands our attention,” study author Dr. Susan M. Lareau told attendees of the annual meeting of the Infectious Diseases Society for Obstetrics and Gynecology.

She noted a previous report found that MRSA was the leading cause of skin and soft-tissue infection in most emergency rooms but did not address the proportion of perineal infections caused by this pathogen (N. Engl. J. Med. 2006;355:664-74).

Dr. Lareau is the Magee-Womens Hospital in Pittsburgh used diagnostic codes to identify retrospectively all cases of perineal and buttock abscesses seen at the hospital between 2003 and 2007 and then reviewed their characteristics.

The included cases involved the vulva, Bartholin glands, and buttocks, and excluded cases involved the perianal and rectal areas.

The process identified 126 patients. Dr. Lareau reported. This group consisted of 64 patients (51%) with vulvar abscesses, 41 patients (33%) with Bartholin gland abscesses, 19 patients (15%) with buttock abscesses, and 2 patients (2%) with combined buttock and vulvar abscesses.

 Cultures had been obtained in 72 of the patients and were positive for MRSA in 33% of the cases. By site, MRSA was found in 64% of buttock abscesses, 50% of combined buttock and vulvar abscesses, 33% of Bartholin gland abscesses, and 7% of Bartholin gland abscesses.

“It’s generally been thought that vulvar abscesses are polymicrobial, and that has driven our treatment, when necessary,” Dr. Lareau said.

However, most (69%) of the 72 cases were monomicrobial. MRSA accounted for 50% of these infections; the next most common pathogens were group B streptococcus and methicillin-susceptible Staphylococcus aureus, each of which accounted for only 14% of these infections. Age, race, body mass index, and parity were not associated with MRSA infection, and several comorbidities (diabetes, cancer, and coronary artery disease) did not significantly predict MRSA infection, but site did, according to Dr. Lareau.

Relative to patients with Bartholin gland abscesses, patients with buttock abscesses were significantly more likely to be positive for MRSA (odds ratio 28) and patients with vulvar infections were non-significantly more likely to be MRSA positive (OR 7). However, confidence intervals were wide, probably because of the small sample size.

“We wanted to look at the outcomes associated with MRSA to see if this was a more virulent and more difficult to treat infection,” Dr. Lareau explained.

In fact, the data did not support such associations, showing that MRSA-positive and -negative patients had identical median lengths of hospital stay (2 days) and did not differ significantly with respect to the rate of abscess drainage in the operating room (29% vs. 71%).

An analysis of trends over the 5-year study period showed that the total number of cases of perineal abscesses seen at the hospital increased from about 20 to 55 per year. At the same time, the number of cases of MRSA perineal abscesses, although still modest, increased at a much faster pace, from 2 to 17 per year.

“MRSA is the dominant pathogen in perineal infections at Magee-Womens Hospital,” Dr. Lareau concluded.

The study was unable to find clear demographic predictors of MRSA infection; the proportions are most likely to have this infection, she said. “I would advocate considering empiric coverage for MRSA when you have a vulvar abscess that requires treatment,”

Dr. Lareau reported that she had no conflicts of interest in association with the study.

Site predicted MRSA infection, with patients with buttock abscesses significantly more likely to test positive for MRSA.

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**METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)**

**DEFINITION**:ReturnType infection caused by methicillin-resistant Staphylococcus aureus (MRSA), a drug-resistant strain of Staphylococcus aureus, which is often associated with hospital-acquired infections.

**PREVALENCE**:MRSA infections are common in healthcare settings, particularly in intensive care units and long-term care facilities. In the United States, MRSA is a leading cause of hospital-acquired infections, and it is increasingly common in the community.

**CAUSES**:MRSA infections are caused by Staphylococcus aureus bacteria that have developed resistance to methicillin, a type of antibiotic.

**CLINICAL MANIFESTATIONS**:MRSA infections can affect any part of the body, but common sites include the skin, soft tissues, and bloodstream. Symptoms may include redness, swelling, pain, and fever.

**DIAGNOSIS**:Diagnosis is typically made through a combination of clinical symptoms, physical examination, and laboratory tests such as blood cultures and skin swabs.

**TREATMENT**:Treatment options for MRSA infections include antibiotics, wound care, and, in some cases, surgery. Resistance to antibiotics may require alternative treatment methods.

**PROGNOSIS**:The prognosis for MRSA infections depends on the severity of the infection, the patient's overall health, and the effectiveness of the treatment. Without proper treatment, MRSA infections can be life-threatening.

**PREVENTION**:Prevention strategies include proper hand hygiene, infection control measures, and, in some cases, vaccination.

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**References**


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**For more information, please visit:**

- [Centers for Disease Control and Prevention](https://www.cdc.gov/mrsa)
- [World Health Organization](https://www.who.int/infectious_diseases/mrsa)
- [National Institute of Allergy and Infectious Diseases](https://www.niaid.nih.gov/topics/mrsa)