

MRSA head and neck infections increase among children

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Rates of antibiotic-resistant head and neck infections increased in pediatric patients nationwide between 2001 and 2006, according to a report in the January issue of *Archives of Otolaryngology-Head & Neck Surgery*, one of the JAMA/Archives journals.

Before the 1980s, infections with strains of the bacteria *Staphylococcus aureus* resistant to the antibiotic methicillin (methicillin-resistant *Staphylococcus aureus*, or MRSA) were most often acquired in the hospital, according to background information in the article. However, during the past decade, community-acquired MRSA infections have become more common in prisons, nursing homes and among chronically ill patients and in individuals without established risk factors.

"*Staphylococcus aureus* is a pathogen commonly seen in many infections involving the head and neck," the authors write. "In recent years, there have been increasing reports of community-acquired MRSA infections in children."

Iman Naseri, M.D., of Emory University School of Medicine, Atlanta, and colleagues reviewed data regarding pediatric head and neck infections that occurred at more than 300 hospitals nationwide between 2001 and 2006. Sites of infection were divided into oropharyngeal/neck (head and neck), sinonasal (nose and sinuses) and otologic (ear), and demographic and antibiotic resistance patterns were reviewed.

Of 21,009 *S. aureus* infections that occurred during this period, 21.6 percent (4,534) were resistant to methicillin. MRSA rates increased from 11.8 percent in 2001 to 28.1 percent in 2006. "This represents a 16.3-percent increase in MRSA during these six years for all pediatric head and neck *S. aureus* infections," the authors write.

Among the three groups of infection sites, the highest proportion of MRSA was found in the ears (34 percent), followed by the sinonasal (28.3

percent) and the head and neck (14.2 percent) groups. Regional differences were also found, which could be attributed to geographical disparities in the treatment of head and neck infections.

"Judicious use of antibiotic agents and increased effectiveness in diagnosis and treatment are warranted to reduce further antimicrobial drug resistance in pediatric head and neck infections," the authors write.

"Expedient culture of suspected head and neck infections leading to more appropriate antimicrobial drug selection is highly recommended to avoid further resistant patterns," they conclude. "Further studies linking the microbiologic and clinical behaviors of MRSA are warranted to gain additional insight into the dynamic existence of this organism."

Paper: *Arch Otolaryngol Head Neck Surg.* 2009;135[1]:14-16.

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