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A Case of severe MRSA sepsis

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Introduction: Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium that has developed resistance to beta-lactam antibiotics and is more difficult to treat with standard types of antibiotics and thus more virulent. The epidemiology of MRSA may be changing, as the isolation of MRSA is no longer limited to hospitalized patients and can cause serious infections in otherwise healthy persons with no links to healthcare systems.

Case report: An 11 year old school boy presented with right thigh swelling and fever for six days with a history of cough & haemoptysis. Initially he was managed as deep vein thrombosis with pulmonary embolism which was ruled out after further investigations. Large thigh abscess was drained and treated for severe sepsis at the surgical intensive care unit (SICU) for 21 days with six antibiotics. Subsequently he underwent drainage of pus from different parts of his all four limbs in eight times under general anaesthesia within two weeks. During this period his oxygen saturation continued to drop and was diagnosed to have disseminated sepsis due to community-acquired MRSA with necrotizing pneumonia and multiple soft tissue abscesses (pyomyositis). Features of sepsis gradually subsided only after 18 days and he was discharged after 35 days on oral antibiotics which continued for 42 days. Subsequent screening for immune-deficiency was negative.

Discussion: MRSA should attract the attention of the medical community with high degree of suspicion, illustrating the urgency to develop better ways for early diagnosis and treatment with appropriate antibiotics as severe infections can be a great burden to health care system requiring expensive antibiotics and ICU care.