UWTASP
tele-antimicrobial stewardship program

Hospital: Western State

Presenter: Melissa Rozdilsky

Question/case summary:

Do you recommend decolonization as outlined in Sanford? Or any antibiotics to prevent recurrent boils? Please see case details below.

32 yo immunocompetent male being treated for recurrent boils. He was treated with 5 days of doxycycline following I&D of a perineal abscess in April. MSSA resistant to TMP/SMX was isolated. Doxycycline was extended for 3 months following a dermatology recommendation to prevent recurrence. Two weeks after doxycycline ended, an abscess in the axilla developed and was drained. Initially antibiotics were withheld following I&D, until redness and pustules developed around the wound. A reaction to dressing/adhesive tape is suspected. Doxycycline was started and then changed to dicloxacillin following MSSA on culture.

Diagnoses: schizophrenia spectrum, head injury, HTN, antisocial personality, substance abuse
Antibiotic allergies: none, local reaction to adhesive tape

UW TASP Recommendations:

We do recommend attempted Staph decolonization in a patient with recurrent Staph abscesses. The data supporting decolonization is variable, but given the morbidity associated with recurrent abscesses and the minimal burden and high safety associated with decolonization, we think it's reasonable to attempt decolonization. Data seem to support repeated decolonization of the nares and body simultaneously. We would consider using the protocol from the recent NEJM MRSA decolonization trial for patients following hospital discharge(1):

For 5 consecutive days twice monthly for a period of 6 months -

1) Daily bathing with 4% chlorhexidine for daily bathing/showering

- Ok to use either the liquid soap or the wipes (wipes more $$$)
- Patients should apply from the neck down
- Do not use another soap after using chlorhexidine

- Do not apply moisturizer, lotion or creams as will inactivate chlorhexidine

2) 0.12% chlorhexidine mouthwash twice daily

3) 2% nasal mupirocin twice daily

In addition, patients should be encouraged to:

- Regularly wash clothing, towels, sheets
- Regularly clean household surfaces with bleach (especially high touch areas like doorknobs, etc)
- Frequent hand hygiene
- Avoid shaving affected areas
- Avoid sharing towels, razors, toothbrush, makeup

In patients going home, you can also consider assessment for colonization and de-colonization of any household members as well.

And for recurrent abscesses in the axillae and groin, always worth considering a Dermatology consult to evaluate for hidradenitis suppurativa.

References

1) Huang SS, Singh R, McKinnell JA, Park S, Gombosev A, Eells SJ, Gillen DL, Kim D, Rashid S, Macias-Gil R, Bolaris MA. Decolonization to reduce postdischarge infection risk among MRSA carriers. New England Journal of Medicine. 2019 Feb 14;380(7):638-50.

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