Skin and Skin Structure Infections (SSSIs)

EMPIRIC CHOICE

- Uncomplicated cellulitis (with or without abscess; includes erysipelas) : cephalexin 500 mg p.o. QID
- Complicated cellulitis (SSSI severe enough to cause hospitalization): cefazolin 1 g iv q 8 h
- Suspected CA-MRSA cellulitis (assessment based on risk factors):
  - Uncomplicated: TMP/SMX DS 1 tab p.o. bid + cephalexin 500 mg po QID
  - Complicated: vancomycin 15 mg/kg iv q 12 h
- Cellulitis in known MRSA colonized patient: as per MRSA susceptibility

ROUTE

- Uncomplicated cellulitis: oral
- Complicated cellulitis: intraveneous –if clinically improving, step down to oral after 24-48 hours

DURATION

- Uncomplicated cellulitis: 5 days
- Complicated cellulitis: 7-10 days

ALTERNATIVES FOR ALLERGIES

- Oral: Clindamycin or quinolone – TBA (as per LHIN document)
- IV: Vancomycin 15 mg/kg IV q 12 h

TOP FIVE ORGANISMS (what we expect for common organisms)

- Group A Streptococci – more likely causative organism in non-purulent SSSIs
- *Staphylococcus aureus* – more likely causative organism in purulent SSSIs
- MRSA
- Other Streptococcus spp.

CURRENT RESISTANCE ISSUES

- MRSA accounts for approximately 25% of all *S. aureus* isolates in Canada (CANWARD surveillance data)
- Avoid clindamycin in suspected CA-MRSA infections as risk of inducible resistance
- GAS remains 100% susceptible to penicillin

IMMUNOCOMPROMISED HOST CONSIDERATION

- Gram negatives including *Pseudomonas* should be considered if not improving on standard Rx OR if ecthyma gangrenosum – add ciprofloxacin or change to ceftazidime
- Consider fungal etiologies if associated skin lesions or if fail to respond to antibiotics after 1 week; suggest diagnostic biopsy

ADDITIONAL DIAGNOSTIC AND THERAPEUTIC COMMENTS

- Blood cultures may assist management in immunocompromised and clinically unstable patients
- Abscess without surrounding cellulitis may be cured with lancing (I&D: send for C+S) alone and no antibiotics
- For non-resolving cellulitis or if concerned about exposure related cellulitis(ie. bites, water), consult ID

References:

IDSA SSSI guidelines
Archives Int Med (JAMA Internal Medicine) 2004; 164(15): 1664-74
Diagn Microbiol Infect Dis 2011; 69(3): 320-5.

Disclaimer: This document is intended for internal use at Sinai Health System and University Health Network. Recommendations herein are based on existing literature and clinical practice and are subject to change at any time. Please refer to the Terms and Conditions for more details.