

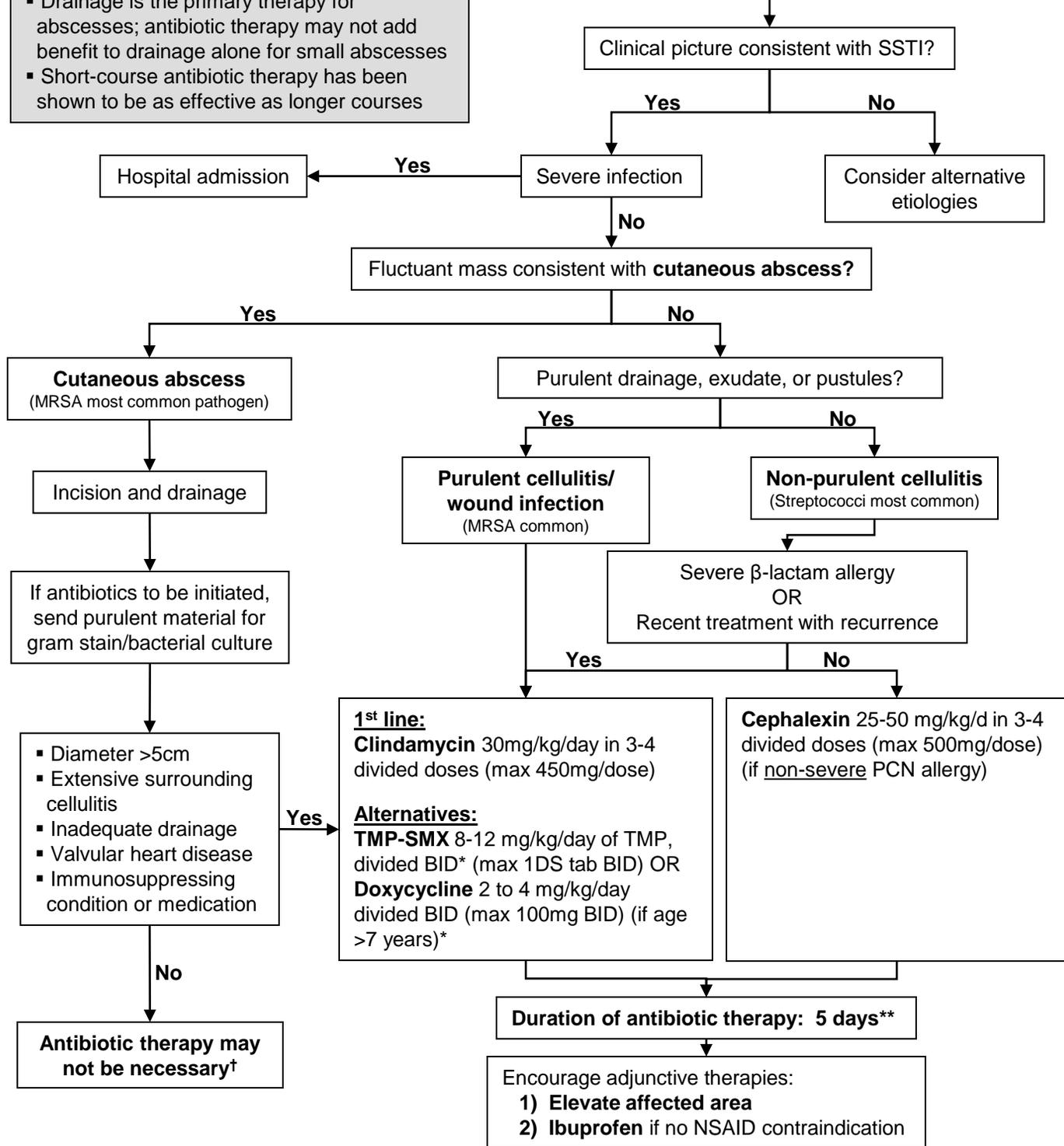
# Skin and Soft Tissue Infection in Children and Adolescents

## Key points

- Beta-hemolytic streptococci are the most common cause of non-purulent cellulitis
- MRSA is the most common cause of cutaneous abscess and purulent infections
- Drainage is the primary therapy for abscesses; antibiotic therapy may not add benefit to drainage alone for small abscesses
- Short-course antibiotic therapy has been shown to be as effective as longer courses

## Possible signs and symptoms of skin and soft tissue infection (SSTI):

- |                       |                            |
|-----------------------|----------------------------|
| 1) Cutaneous erythema | 4) Pain                    |
| 2) Cutaneous warmth   | 5) Tenderness to palpation |
| 3) Swelling           | 6) Fever                   |



**Note:** This is intended only as a guide for evidence-based decision-making; it is not intended to replace clinical judgment. Assess for antibiotic allergies and use alternative agents as appropriate. Suggested antibiotic doses are for normal renal function; adjust for renal impairment when necessary.

\*TMP-SMX and doxycycline may lack sufficient coverage against group A streptococci, therefore not optimal for simple cellulitis

\*\*duration of therapy may be extended for poorly responsive disease

† incision and drainage alone may be sufficient for immunocompetent patients with abscess <5 cm: *Ped Infect Dis J* 2004;23:123-7

Reference: Baker C.J. *AAP News* 2007; 28:1; Elliot D. *Pediatrics* 2009;123:e959–e966