Example 8.1 Children's Hospital & Research Center Oakland Newsletter

Tip of the month:
Cephalexin alone is sufficient for nonpurulent cellulitis

- Skin infections with purulent drainage/abscess are usually caused by Staph aureus (often MRSA), but the microbiology of nonpurulent cellulitis has been less clear, leading some to treat with 2 antibiotics.

- Now a double-blind, randomized-controlled trial involving children and adults has demonstrated that cephalexin combined with trimethoprim-sulfamethoxazole is no better than cephalexin alone in patients with nonpurulent, uncomplicated cellulitis without abscess.

| Cephalexin Plus TMP/SMX vs. Cephalexin Alone for treatment of nonpurulent cellulitis |
|----------------------------------|----------------------------------|
| Clinical cure rate               | No significant difference (P=0.66) |
| Progression to abscess          | No significant difference (P=0.1)  |

- These results support the Infectious Disease Society of America recommendation that cephalexin alone is reasonable for most cases of uncomplicated cellulitis (MRSA coverage is usually not necessary). In contrast, for purulent cellulitis/abscess, single drug therapy targeting Staph aureus (including MRSA) is appropriate.


For more info about this example contact Brian Lee, MD at blee@mail.cho.org

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