

Best Practice Update: Skin and Soft Tissue Infection (SSTI)

Current Primary Care Prescribing Practices:

- SSTI is a common outpatient encounter for which antibiotics are prescribed
- Cephalexin and doxycycline are frequently prescribed
- Despite its less reliable empiric coverage for Staph and Strep in adults, Clindamycin is still prescribed often (~1/10 encounters)
- The majority of prescription durations range 7-10 days
- A small minority prescribed for 5 days, despite it being the recommended duration

Non-purulent SSTI:

- Without signs of systemic infection, use oral antibiotics to cover **Streptococci!**
 - Penicillin, cephalexin, dicloxacillin are first line for treatment of non-purulent SSTI
 - *Streptococci* are frequently resistant to Clindamycin in local adult data
 - Clindamycin also is associated with increased risk for *Clostridium difficile* infections.²
 - Doxycycline does not cover *Streptococci*
 - Historically, trimethoprim-sulfamethoxazole (TMP-SMX) has been considered to have poor Strep coverage, but more recent in-vitro data suggests Strep susceptibility to TMP-SMX. Would not rely on it for good Strep coverage until more data is available.^{3,4}
- Recommended SSTI treatment duration is **5 days** as evidence shows that in uncomplicated cellulitis, 5 days of antibiotics was as effective as 10 days, if patients were improving by 5 days.⁵
- Antibiotics can be extended if patients do not significantly improve.

Purulent SSTI (furuncles, carbuncles, abscess):

- Best practice recommends incising and draining if possible and sending cultures.¹
- May not need antibiotics if mild in severity and I&D is performed.¹
- If using antibiotics, cover for **Staphylococci: doxycycline or TMP-SMX are first line.**
- Clindamycin does NOT reliably cover MRSA for Vanderbilt adult patients.

Non pharmacologic strategies^{1,6}:

- Supportive care to hasten recovery from SSTI is important but under-utilized.
 - **Elevate the affected area**
 - **Evaluate and treat underlying predisposing comorbidities** such as edema, venous insufficiency or cutaneous conditions like eczema as able
 - If on the lower extremity, examine the interdigital toe spaces for fissuring, scaling or maceration and treat for tinea pedis or other podiatric or skin conditions if relevant

References:

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