Community-acquired methicillin-resistant \textit{Staphylococcus aureus} skin infections: a review of epidemiology, clinical features, management, and prevention

\begin{itemize}
\item Philip R. Cohen, MD
\item From the University of Houston Health Center, University of Houston, Houston, Texas and the Department of Dermatology, University of Texas-Houston Medical School, Houston, Texas
\end{itemize}

\textbf{Correspondence} Philip R. Cohen, md 805 Anderson Street Bellaire, TX 77401-2806 E-mail: mitehead@aol.com

\textbf{Abstract}

Community-acquired methicillin-resistant \textit{Staphylococcus aureus} (CAMRSA) infection is a global problem of epidemic proportions. Many of the patients who develop CAMRSA skin lesions do not have infection-associated risk factors. Abscess, abscess with accompanying cellulitis, and cellulitis are the most common presentations of cutaneous CAMRSA infection; occasionally, these CARMSA-related lesions are misinterpreted as spider or insect bites. Other manifestations of cutaneous CAMRSA infection include impetigo, folliculitis, and acute paronychia. The management of CAMRSA skin infection includes incision and drainage, systemic antimicrobial therapy, and adjuvant topical antibacterial treatment. In addition, at the initial visit, bacterial culture of the lesion should be considered. Direct skin-to-skin contact, damage to the skin surface, sharing of personal items, and a humid environment are potential mechanisms for the acquisition and transmission of cutaneous CAMRSA infection. Measures that strive to eliminate these causes are useful for preventing the spread of CAMRSA skin infection.