A 19-day-old newborn twin, with an uneventful early neonatal period and no relevant personal or family history, was observed in the emergency department for skin changes in the right breast. On observation, her breast skin was hyperemic, painful, with purulent exudate. Blood tests revealed 12940/uL leukocytes with 52.9% neutrophils and a CRP of 0.9mg/dL. She performed breast ultrasound which showed “a grossly ovoid hypoechogenic area, close to the surface of the skin” (Figures 1&2). She was admitted on intravenous flucloxacillin, which was replaced on day 3 by vancomycin, due to the isolation of SAMR in the exudate. She completed a 10-day-course of antibiotics. Blood cultures were negative. She was discharged on day 10, clinically improved, with almost complete regression of inflammatory signs and a residual echographic image. SAMR screening was performed on her parents and sister, which was negative [1-3].

Discussion

This case is similar to other ones described in literature. Nonetheless, the authors aim to highlight the importance of identifying methicillin-resistant Staphylococcus aureus. MR bacteria are a major health problem and its recent increase in pediatric age is concerning. Isolation of SAMR in a newborn without risk factors raises de possibility of a community/hospital outbreak. Therefore, proper infection control.

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Neonatal Mastitis to MRSA

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Abstract
Neonatal mastitis is an inflammatory process of the mammary gland, presenting as erythema, edema, hypersensitivity, induration, sometimes with purulent exudate or abscess. It occurs more frequently in female infants, in the 3rd week of life and is usually unilateral. In most cases, the agent involved is Staphylococcus aureus and the clinical evolution is favorable.

Figure 1: Neonate with mastitis
Figure 2: Neonate with mastitis.

Author Disclosure

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References
