

Community Acquired MRSA And Risk To Compound Fractures

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Methicillin-resistant *Staphylococcus aureus* (MRSA) is now not only a nosocomial infection but able to persist in the community with its relatively low level of antimicrobial agent usage. The hospital-acquired MRSA (HA-MRSA) where there is high level of antimicrobial usage usually referred to nosocomial infection while infection unrelated to health care facilities is community-acquired MRSA (CA-MRSA). From the late 1990s CA-MRSA were seen in children, professional football players and young athletes and in prisons. The strains that cause this infection are remarkable because they combine antibiotic resistance with exceptional virulence and transmissibility not seen before in *S. aureus*. Unfortunately, Pantone-Valentine leukocidin (PVL) is not the only gene associated with this virulence of the CA-MRSA strains. CA-MRSA spreads within families and close contact groups or even through public transport. MRSA is found also in farm and companion animals and has occasionally transferred to humans. This pandemic spread of CA-MRSA, a crisis affecting the possible colonisation of open fractures and our ability to cope.