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RESEARCH ARTICLE

STUDY ON PREVALENCE OF METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS IN POST SURGICAL SITE INFECTION IN A TERTIARY CARE HOSPITAL.

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Abstract

Objective: To study the prevalence of Methicillin Resistant Staphylococcus aureus (MRSA) in post surgical site infection in Patna Medical College Hospital, India. **Materials and Materials:** The study was conducted on 980 pus samples, obtained from post surgical wounds from January 2012 to December 2012. **Results:** Out of total 980 samples the incidence of Staphylococcus aureus was high (29.27%). Among S. aureus the prevalence of MRSA was 24.25%. All isolates were sensitive to vancomycin. **Conclusion:** MRSA is a serious nosocomial pathogen in surgical site infections. Hospital disinfection and treatment protocols should be strictly followed. **Key Words:** Mithicillin Resistance, Post surgical site, S. aureus.

INTRODUCTION

Post operative wound infections are major global problem in surgery leading to various complications [1] such as prolonged hospital stay, pain, discomfort etc. These infections can occur due to exogenous and endogenous micro organisms that enter the operative wound during the course of surgery [2]. S. aureus forms a part of normal flora and can be isolated form noses of 60% of healthy persons. It is readily transmitted form person to person through hands and is the commonest cause of nosocomial infections [3] .The problem was solved by the introduction of penicillin in 1942 but by 1950 widely resistant organism devolved because of the production of enzyme beta-lactamase by the organisms which destroys penicillin [4] Then newer derivatives

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of penicillin such as methicillin, cloxacillin and oxacillin were discovered which were resistant to staphylococcal beta-lactamase [5]. The present study attempts to find the prevalence of MRSA in surgical wounds and to find the antimicrobial susceptibility pattern of the isolates.

MATERIALS AND METHODS:-

The study included 980 pus samples from surgical wounds which were received in the Department of Microbiology Patna form January 2012 to December 2012. All samples were inoculated onto Mac Conkey agar plates and Blood agar. These were incubated aerobically at 37^{0} C for 48 hrs and the isolates were identified using standard laboratory procedures ^[6]. All isolates of staphylococci were tested for oxacillin susceptibility by agar screen method using 6μ g/ml oxacillin. Plates were incubated at 35^{0} C and reading after 24 hrs was taken. Bacterial growths around oxacillin were taken as MRSA [7] [8] [9] [10]. All MRSA strains were tested to amoxicillin, amikacin, ciprofloxacin cephalexin, teicoplanin, vancomycin gatifloxacin, doxycycline by standard disc diffusion method [7]

RESULTS:

Total 980 post surgical wound swabs were received and among them 690 were culture positive. Out of these 202 (29.27%) isolates were identified as Staphylococcus aureus .Out of 202 S. aureus isolates 49 (24.25%) were strains of Methicillin Resistant Staphylococcus aureus (MRSA). Highest efficacy was observed with vancomycin with 100% sensitivity of all MRSA isolated to the drug. The sensitivity of methicillin resistant staphylococci to other antibiotics was as follows: teicoplanin 60%, gatifloxacin 51%, amikacin 35%, cephalexin 20%, ciprofloxacin 16%, amoxicillin 5%.

DISCUSSION:

Most post surgical wound infections are hospital acquired [11]. S. aureus proves to be the single most important bacterial species in aetiology of post surgical wound infections [12] [13] [14] [15]. In our study we tried to find out the prevalence of Staphylococcus aureus and MRSA in post surgical site infection. High incidence of S. aureus was reported which was 29.27% and was reported by at the others also [8][16][17]. The prevalence of MRSA was 49 (24.25%) which was quite high [8][9][18]. All isolates of MRSA were sensitive to vancomycin (100%) [8][15][14].

CONCLUSION:

Our predominant post surgical site infection was S. aureus (29.27%) and MRSA constituted (24.25%). Periodic surveillance of bacteria and antibiotic susceptibility and also hand washing among the health care personnel is important in reducing the surgical site infection.

REFERENCES:

- 1. Raza MS, Chander A, Ranabhat A. Antimicrobrial susceptibility patterns of the bacterial isolates in post-operative wound infections in a tertiary care hospital, Kathmandu, Nepal. OJMM 2013:3(3):159-163.
- 2. Nichols RL. Current Strategies for prevention of surgical site infections. Curr Infect Dis Rep 2004 Dec; 6(6):426-434.
- 3. Mangram AJ, Horan TC, Pearson ML, Silver LC, Jarvis WR. Guidelines for Prevention of SSI, 1999 Criteria for defining SSIs. The Hospital infection control Practices Advisory committee. Infection

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control	and	Hospital	Epidemiology	1999;	20;	4;	24.	Available	at		
http://www.cdc.gov/ncidod/hip/ssi/ssi.pdf											
Ayliffe G.A.J Recommendations for the control of Methicillin Resistant Staphylococcus aureus											
(MRSA). Division of emerging and other Communicable Disease Surveillance and Control.1996.											
Geneva; World Health Organisation.											
Estrada B	Estrada BH. MRSA in the community. Infect Med, 2001;18(10):452.										
Collee JC	G, Miles	RA, Watt B	. Test for the ide	ntification	of bac	teria. I	n: Colle	e JG, Fraser A	AG,		

- 6. Collee JG, Miles RA, Watt B. Test for the identification of bacteria. In: Collee JG, Fraser AG, Marmion BP, Simmous A (Editors) Mackie and Mc- Carthy. Practical Medical Microbiology. Vol-14 the edition, New York; Churchill Livingstone, 1996; 131-45.
- 7. Bauer AW, Kurby WM, Shrris JC, Turch M. Antibiotic susceptibility testing by a standardized single disk method. An J Clin Pathol. 1966; 45:493-6.
- 8. Tyagi A, Kapil A, Singh P. Incidence of Methicillin Resistant Staphylococcus aureus (MRSA) in pus samples at a terrtiary care hospital, AIIMS, New Delhi. JIACM 2008;9(1):33-5.
- 9. Brumfitt W, Hamilton-miller J. Methicillin resistant Staphylococcus aureus. N. Engl J Med 1989; 320:1188-96.
- 10. Howard BJ. Nosocomial Infections-an overview, Text Book of Clinical and Pathogenic Microbiology, 1994:2nd ed. Howard BJ (Editor Mosby-year Book Inc., St. Louis.
- 11. Isibor Jo, Oseni A, Eyaufe A, Osagie R, Turay A, Incidence of aerobic bacteria & Candida albicans in post-operative wound infections. Afr J Microbial Res 2008, 2:288-291.
- 12. Naik G, Deshpande SR. A study on surgical site infection caused by Staphylococcus aureus with a special search for Methicillin-Resistant isolates. Journal of Clinical and Diagnostic Research 2011,5 (3):502-508.
- 13. Edwards LD. The Epidemiology of 2056 remote site infections and 1966 surgical wound Infection occurring in 1865 patents: Annals of Surg 1976; 184,758-66.
- 14. Yadav S, Yadav A, Sharma M, Choudhary U. Prevalence and sensitivity pattern of Staphlococcus aureus in surgical wound infection. International Journal of Pharma and Bio Sciences 2010; (3).
- 15. Hussain S, Shams R, Ahman K, Perveen R, Riaz B. Prevalence of Methicillin Resistant Staphylococcus aureus (MRSA) in International Journal of Pathology 2005, (2):81-85.
- 16. Massadeh HA, Jaran AS. Incident of P. aerugionsa in post-operative wound infections. Am J Infect. Dis 2009; 5(1):1-6.
- 17. Ahmed EF, Gad GF, Abdalla AM, Hasaneen AM, Abdulwahab SF, Prevalence of methicillin resistance Staphylococcus aureus among Egyptian patients after surgical interventions. Surg Infect (Larchmt) 2014; 15(4):404-11.
- 18. Aggarwal A, Khanna S, Arora U, Devi P. Correlation of B-lactamase Production/Mithicillin Resistance and Phage pattern of Staphylococcus aureus. Ind. J. Med. Sciences 2001; 55:263-256.

Volume 4, Issue 2, 2015