

## Research Compact

### Tags

Octenisan, Decolonization

### Title

## Outpatient decolonization after recurrent skin infection with Panton-Valentine leukocidin (PVL)-producing *S. aureus*—The importance of treatment repetition

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### Source

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### Aim of the study

Panton-Valentine leukocidin-producing strains of *Staphylococcus aureus* (PVL-SA) are often causative for recurrent skin abscesses. To prevent frequent reinfections and spreading, appropriate measures with regard to patient decolonization and infection treatment, have to be taken. This study examines the effectiveness of outpatient decolonization of PVL-SA.

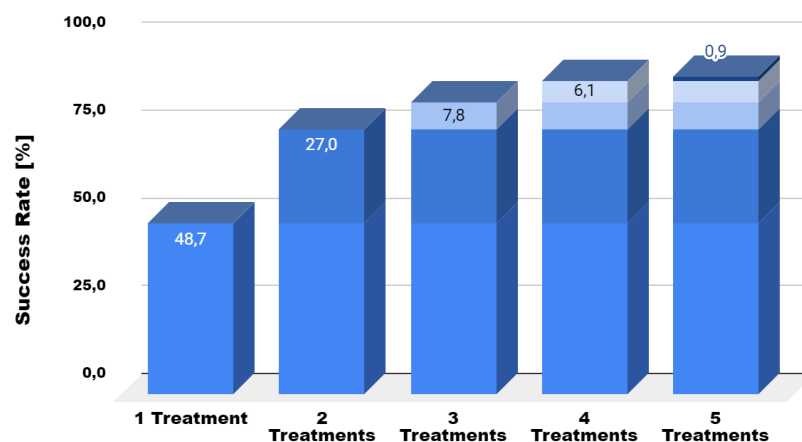
### Methods

The decolonization effectiveness was estimated retrospectively by reviewing patient files and personal interviews. A decolonization was considered successful when no recurrent skin abscess was present 6 month after the completion of the decolonization procedure. Patients were decolonized with strict regime over 5 days containing among others octenidine-containing wash lotion and mouthwash. Active PVL-SA infections were treated antibiologically. In case of recurrent abscesses the treatment was repeated.

### Results

The treatment of 155 patients resulted in a 48% reduction of symptomatic PVL-SA cases after the first decolonization. Multiple treatments were especially needed in patients living in multiple person households. Each repetition of the treatment enhanced the success rate to 89% after the fifth treatment.

**Decolonization success after 1 to 5 treatments**



### Conclusion

The topical decolonization was a successful preventive measure for reducing the risk of PVL-SA skin abscesses in the outpatient setting. This underlines the importance of multi-faceted bundle concepts in topical patient decolonization.