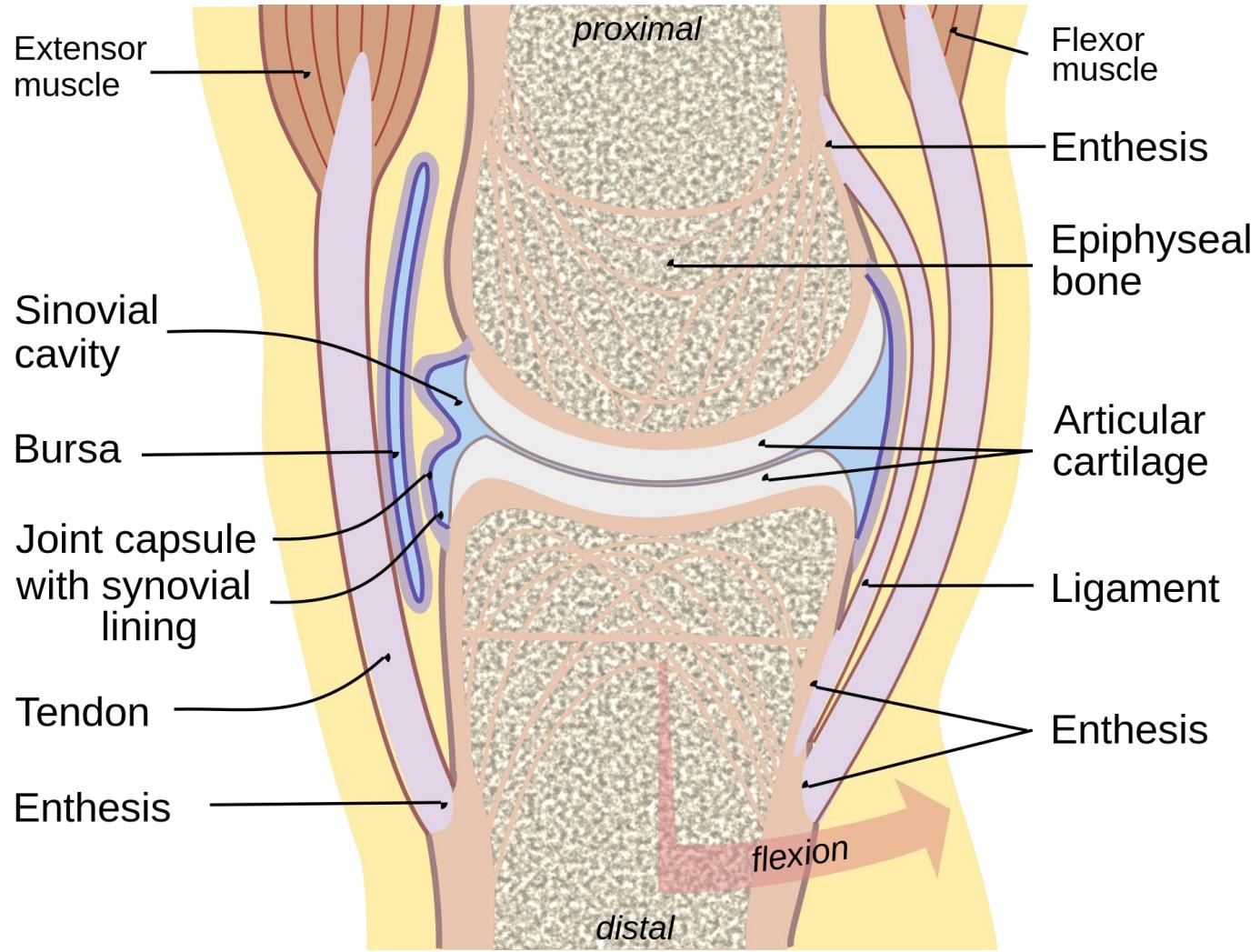


Septic Bursitis



Antibiotics for septic bursitis

- *S. aureus* accounts for 80% of septic bursitis, followed by Streptococci.
- Empiric IV therapy:
 - Vancomycin
 - Cefazolin
 - Consider anti-pseudomonal coverage for immunocompromised hosts with septic bursitis associated with trauma



Oral Antibiotic Options

	MSSA	MRSA	Strep	Dosing
Cephalexin	++++	----	++++	500mg QID 1gm BID-TID
Dicloxacillin	++++	----	++++	500mg QID
Amoxicillin	----	----	++++	500mg-1gm TID
Trimethoprim/ sulfamethoxazole	++++	++++	???	1-2 DS BID
Clindamycin (Inducible resistance)	++++	++	↑↑ Resistance	300mg TID
Doxycycline	++++	++++	↑↑ resistance	100mg BID



Duration

- Optimal duration is uncertain
- Duration guided by clinical response, typically 7-10 days
- Longer course (14-21 days) may be considered if slow response or immunosuppression.
- Meta analysis of 10 studies with prepatellar bursitis showed no difference in recurrence among those treated for < 8 days versus those who received longer courses (OR, 0.66; 95% CI, 0.13-3.29)

