

The Use of CurX Gel in the Treatment of a Pediatric Polymicrobial Infection

Case Study

A 9-year-old boy with no significant medical history presented to clinic with an infected lesion to the left lateral chin. His father reports that the boy sustained a mechanical excoriation burn during karate when he fell on a mat. The parents treated the wound topically with bacitracin for 7 days and have noted a worsening of the erythema, edema, and topical warmth to the area with mild purulent drainage. The patient complained of tenderness to palpation. A culture, taken in office, revealed Herpes simplex type 1 and Methicillin Resistant Staphylococcus aureus.

Community Acquired MRSA

Methicillin resistant Staphylococcus aureus is an increasingly common strain of Staph aureus that is resistant to methicillin, a derivative of penicillin. This has made the treatment of MRSA infections difficult as this “super bug” is impervious to the most common treatment for staph infections and is highly contagious. Community Acquired MRSA is commonly associated with locker rooms and schools where children are in close contact with peers who may have been exposed. The community acquired strains lend themselves to skin and soft tissue infections which, if left untreated, can result in serious infection, including septicemia.

Herpes Simplex Virus-1 (HSV-1)

HSV-1 is transmitted through droplet contact. The WHO estimates that 3.7 billion people under age 50 (67%) have HSV-1 infection globally. HSV-1 is commonly contracted in childhood and is a lifelong disorder. Most people are unaware they are carriers but some will have recurrent bouts of symptoms. Symptoms include painful ulcerations or blisters in or around the mouth.

Method

The patient was treated topically with CurX Antimicrobial Gel. The patient’s parents were instructed to wash the area gently with water and pat dry. The use of gloves was suggested due to the highly contagious nature of the infecting microorganisms. A thin layer of CurX was applied twice daily, morning and bedtime, and covered with a band-aid. The patient was given strict instructions to refrain from all sports until the infection abated.

Results

The patient’s parents reported by day two they the purulent drainage had ceased. The erythema and edema were resolving. By day 3 all edema and erythema had completely resolved. The patient was no longer tender to palpation. By day 7, the infection had completely resolved and the remaining eschar was beginning to loosen from the new epithelium.

Day 1



Day 3



Day 7



Conclusion

The use of CurX Antimicrobial Gel is safe and effective for use on pediatric patient with polymicrobial skin infections. The petrol base is gentle on young skin and treats complicated infections. The ease of use is of particular importance in a pediatric population where swallowing medicines is often a challenge for caregivers. The aggressive treatment of infection in these highly communicable bacterial strains is an attractive feature of this product.

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