

PEARLS Practical Evidence About Real Life Situations

Mupirocin reduces infections in Staphylococcus aureus carriers

Clinical question	How effective is mupirocin ointment in reducing infections in patients who are nasal carriers of Staphylococcus aureus (S. aureus)?
Bottom line	Compared to placebo, mupirocin ointment produces a statistically significant reduction in S. aureus infections in nasal carriers. Short term use (up to 7 days) does not seem to be associated with resistance. Intranasal mupirocin should be considered for use in proven nasal carriers of S. aureus in hospitalised surgical, dialysis and non-surgical patient groups at risk of infection.
Caveat	Only 2 trials, 1 with 72 participants and the other with 20 participants, were included in this review. The second study failed to report several methodological items and was inconsistent in its reporting of the outcomes measured.
Context	S. aureus is the leading nosocomial (hospital-acquired) pathogen in hospitals throughout the world. Traditionally, control of S. aureus has been focused on preventing cross-infection between patients. However, it has been shown repeatedly that a large proportion of nosocomial S. aureus infections originate from the patient's own flora. Nasal carriage of S. aureus is now considered a well-defined risk factor for subsequent infection in various groups of patients. Local antibiotic treatment with mupirocin ointment is often used to eradicate S. aureus. Until now, routine use of mupirocin has not been applied in many hospitals, mainly due to concern about the development of mupirocin resistance and the absence of convincing evidence that it reduces the infection rate.
Cochrane Systematic Review	Van Rijen M et al. Mupirocin ointment for preventing Staphylococcus aureus infections in nasal carriers. Cochrane Reviews 2008, Issue 4. Article No. CD006216. DOI:

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

View PEARLS online at:

• www.cochraneprimarycare.org



PEARLS Practical Evidence About Real Life Situations

10.1002/14651858.CD006216.pub2. This review contains 9 trials involving 3396 participants.

PEARLS 128, November 2008, written by Brian R McAvoy



PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

View PEARLS online at:

www.cochraneprimarycare.org