

Postoperative Use of Topical Antimicrobials

To the Editor:

A recent review by Sheth and Weitzul advocate the use of topical antimicrobials in the postoperative management of open wounds.¹ Unfortunately, the authors base this recommendation on studies in which the utility of topical antimicrobials is demonstrated in nonpostoperative settings (burns, ulcers, and artificially inoculated wounds) with vastly different endpoints of bacterial colonization and counts, rather than clinically infected wounds.

Due to concern for the development of contact dermatitis, the authors discourage the use of neomycin and instead encourage the use of bacitracin and mupirocin. Based on patch-testing studies by the North American Contact Dermatitis Group, the prevalence of allergic contact dermatitis (ACD) in the last 10 years from bacitracin (7.9–9.2%) is not much lower than that from neomycin (10.6–11.5%).² Furthermore, bacitracin is the most common topical antibiotic known to cause type I anaphylactic reactions.³ A previous randomized controlled trial comparing bacitracin ointment with white petrolatum in the postoperative setting demonstrated no benefit in terms of postoperative healing or infection rates; however, a higher incidence of ACD was demonstrated in the bacitracin group.⁴ Based on these data, the use of topical bacitracin carries risks not associated with the use of petrolatum, with no added benefit. Another randomized controlled trial using

mupirocin (which rarely causes ACD) demonstrated no benefit in terms of infection or healing.⁵

Thus far, to our knowledge, there is no compelling clinical study that demonstrates a clear benefit from using topical antimicrobials in the setting of clean postoperative wounds, whether open or closed. Furthermore, the use of topical antibiotics poses potential risks of ACD and anaphylaxis. Finally, white petrolatum has been shown to be equally efficacious and presents much less of a cost burden than topical antimicrobials.

Acknowledgment

The authors have no conflicts of interest or competing financial interests with regard to this publication.

Brian Kim

William James

Department of Dermatology

University of Pennsylvania

Philadelphia, PA

References

1. Sheth VM, Weitzul S. Postoperative topical antimicrobial use. *Dermatitis* 2008;19:181–9.
2. Gehrig KA, Warshaw EM. Allergic contact dermatitis to topical antibiotics: epidemiology, responsible allergens, and management. *J Am Acad Dermatol* 2008;58:1–21.
3. Schechter JF, Wilkinson RD, Del Carpio J. Anaphylaxis following the use of bacitracin ointment. *Arch Dermatol* 1984;120:909–11.
4. Smack DP, Harrington AC, Dunn C, et al. Infection and allergy incidence in ambulatory surgery patients using white petrolatum vs. bacitracin ointment. A randomized controlled trial. *JAMA* 1996;276:972–7.
5. Dixon AJ, Dixon MP, Dixon JB. Randomized clinical trial of the effect of applying ointment to surgical wounds before occlusive dressing. *Br J Surg* 2006;93:937–43.

From the Department of Dermatology, University of Pennsylvania, Philadelphia, PA

Reprints not available.

DOI 10.2310/6620.2009.08106

© 2009 American Contact Dermatitis Society. All Rights Reserved.

Multifocal Fixed Drug Eruption Due to Celecoxib

To the Editor:

Multifocal fixed drug eruption (MFDE) is a rare cutaneous disorder characterized by numerous lesions relapsing on multiple sites each time the causative drug or a chemically

related drug is taken.¹ A case of this drug reaction from celecoxib is reported.

Address reprint requests to Prof. Paolo Lisi, Clinical, Allergological and Venereological Dermatology Unit, Department of Medical and Surgical Specialties and Public Health, University of Perugia, Polo ospedaliero-universitaria di Santa Maria della Misericordia 06156, Perugia, Italy. e-mail: dermalam@unipg.it

DOI 10.2310/6620.2008.08068

© 2009 American Contact Dermatitis Society. All Rights Reserved.

From the Clinical, Allergological and Venereological Dermatology Unit, Department of Medical and Surgical Specialties and Public Health, University of Perugia, Perugia, Italy.

DECKER

