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SOFT TISSUE INFECTIONS IN INTENSIVE CARE

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Skin and soft tissue infections (SSTI) represent a broad clinical spectrum ranging from superficial cellulitis to life-threatening necrotizing soft tissue infections. In the intensive care Unit (ICU), they are both a common reason for admission and a frequent complication in patients with critical illness. Timely diagnosis, rapid surgical source control, and targeted antimicrobial therapy are crucial for better outcomes.

Methicillin-resistant *Staphylococcus aureus*, β-hemolytic streptococci, and polymicrobial flora remain leading pathogens. Treatment of multidrug-resistant organisms complicates empiric treatment. Early and aggressive debridement within 6–12 hours, broad-spectrum coverage guided by local resistance patterns, and continuous hemodynamic support remain the main principles of management. Additional treatments — including intravenous immunoglobulin for severe streptococcal toxic shock, hyperbaric oxygen therapy in experienced centers, and investigational immunomodulators such as reltecimod — still have limited or uncertain evidence that are not part of current standard treatment, should be used selectively, meanwhile SSTI must be addressed without surgical delay.

This presentation reviews recent information on SSTIs in the ICU, includes clinical case examples from ICU practice and focuses on three key challenges: diagnosing these infections can be difficult, compounded by rapidly rising antibiotic resistance, timely, multidisciplinary patient care is vital to achieve better outcomes.

Keywords: SSTI, necrotizing fasciitis, source control, antimicrobal resistance.