The following case report describes the progress of a Methicillin Resistant Staphylococcus Aureus (MRSA) infection. Approximately eighteen, male collegiate football athletes of varying ethnicities contracted this bacterial infection from an unknown source. This case study focuses on a 19 year-old, white, male collegiate football player who contracted the MRSA to the epidermis of his left knee in September of 2003. The athlete initially presented with an effused left knee joint as well as an abrasion to the area. The area was warm to the touch and the athlete complained of knee pain when walking. After three days of a treatment of Keflex from health services, the athlete was referred to a physician. His presentation deviated from the normal MRSA infection, which usually presents with a red raised pustule. After twenty-four hours the pustule becomes black, a large area of redness surrounds the pustule, and an increase in temperature occurs. Because of this deviation, a differential diagnosis of cellulitis was a consideration. As a complication of the MRSA infection, he was diagnosed with septic arthritis, admitted to the hospital, and treated using oral Ciprofloxacin (Cipro) at a dose of 500mg and a direct intravenous line to administer Vancomycin. This was the first case that was clinically impressed in this population that affected a joint rather than an area of tissue. After two days of hospitalization and a total of ten days on Vancomycin and fourteen days on Cipro, the athlete responded to the treatment. He returned to play once the direct line was removed, there was no fluid excretion from the abrasion, and the athlete had no pain when participating in football. Two weeks after the first hospitalization, the athlete subsequently was hospitalized again for two days after his knee became effused a second time and did not respond to the same oral treatment as before. After the administration of antibiotics intravenously, the athlete responded to treatment and was released. The prevalence of community acquired MSRA is increasing not only in the general population, but within the college athletic setting as well. It is important to make ATC’s aware of the signs and symptoms, and how highly contagious MRSA can be. If left undiagnosed and untreated, MSRA can spread systemically causing further infection to the body internally; infect bone, damage skin to the point of needing skin grafts to repair the injured area, and eventually the possibility of death.

Keywords: MRSA, Bacterial Infection, Antibiotic Resistant