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Title	Drug resistant <i>Staphylococcus aureus</i> in clinical samples at Kampala International University-teaching hospital, Bushenyi District, Uganda.
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Abstract	Contexto: O <i>Staphylococcus aureus</i> resistente à metilina (MRSA) é um importante patógeno nosocomial que frequentemente causa infecções difíceis de tratar. Isso se deve ao fato de o patógeno ser geralmente resistente a outros antibióticos comumente utilizados. A presença de MRSA resistente a medicamentos entre os pacientes já foi documentada anteriormente em várias partes de Uganda. No entanto, nenhum relato foi registrado para o Hospital Universitário da Universidade Internacional de Kampala (<i>Kampala International University Teaching Hospital</i>), no oeste de Uganda. Portanto, este estudo foi realizado para determinar a prevalência e a resistência antibiótica de cepas de MRSA em pacientes hospitalizados na ala cirúrgica. Métodos: Foram coletados swabs de feridas de pacientes do sexo masculino e feminino hospitalizados na ala cirúrgica. As amostras foram então cultivadas em meios apropriados. As colônias de <i>Staphylococcus aureus</i> obtidas foram testadas para resistência à oxacilina para determinar as cepas que eram MRSA. Além disso, a resistência antibiótica dos isolados de MRSA foi determinada pelo método de difusão em disco utilizando vários antibióticos. Resultados: Dos cento e quatorze isolados das amostras clínicas, apenas setenta e cinco isolados foram claramente identificados como <i>S. aureus</i>, sendo 85,3% coagulase-positivos e 13,3% coagulase-negativos. O <i>Staphylococcus aureus</i> resistente à metilina apresentou uma prevalência de 56,1%. Entre os isolados de MRSA, a resistência à ciprofloxacina foi a mais alta observada, enquanto a resistência à ceftriaxona foi a menor. Conclusão: A alta prevalência de MRSA entre os pacientes da ala cirúrgica exige que medidas adequadas sejam tomadas para evitar a propagação do patógeno. Recomenda-se que a fonte dessas cepas de MRSA resistentes a medicamentos seja determinada, a fim de desenhar intervenções apropriadas para prevenir a emergência futura de infecções difíceis de tratar.
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