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Persistent Pediatric Breast Abscesses Following Initial Treatment at Tertiary and Community Centers

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Creators

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Persistent Pediatric Breast Abscesses Following Initial Treatment at Tertiary and Community Centers

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We Have No Disclosures

Introduction

- Little data exists on the management of pediatric breast abscesses that fail initial treatment

Characterization of Pediatric Breast Abscesses and Optimal Treatment: A Retrospective Analysis

Charlene Dekonenko ¹, Neal Shah ², Wendy Jo Svetanoff ¹, Obiyo O Osuchukwu ¹, Justin A Sobrino ¹, Tolulope A Oyetunji ³, Jason D Fraser ⁴

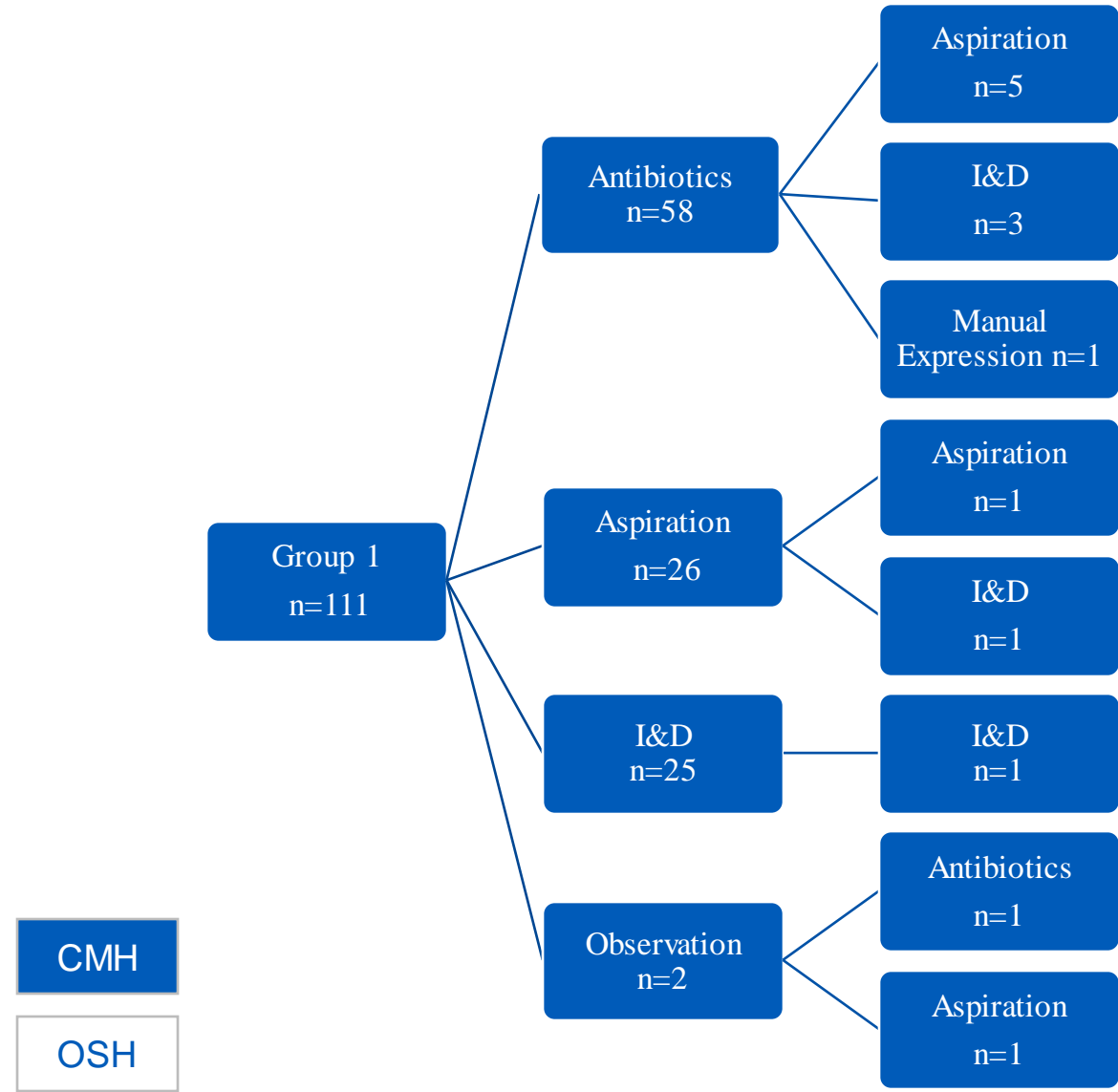
- Hypotheses: We hypothesize pediatric breast abscesses can be effectively managed with antibiotics for initial and persistent disease

Methods

- Retrospective review, single center
- 2008-2018
- Patients were divided
 - Group 1: initial treatment at our institution
 - Group 2: initial treatment at referring centers

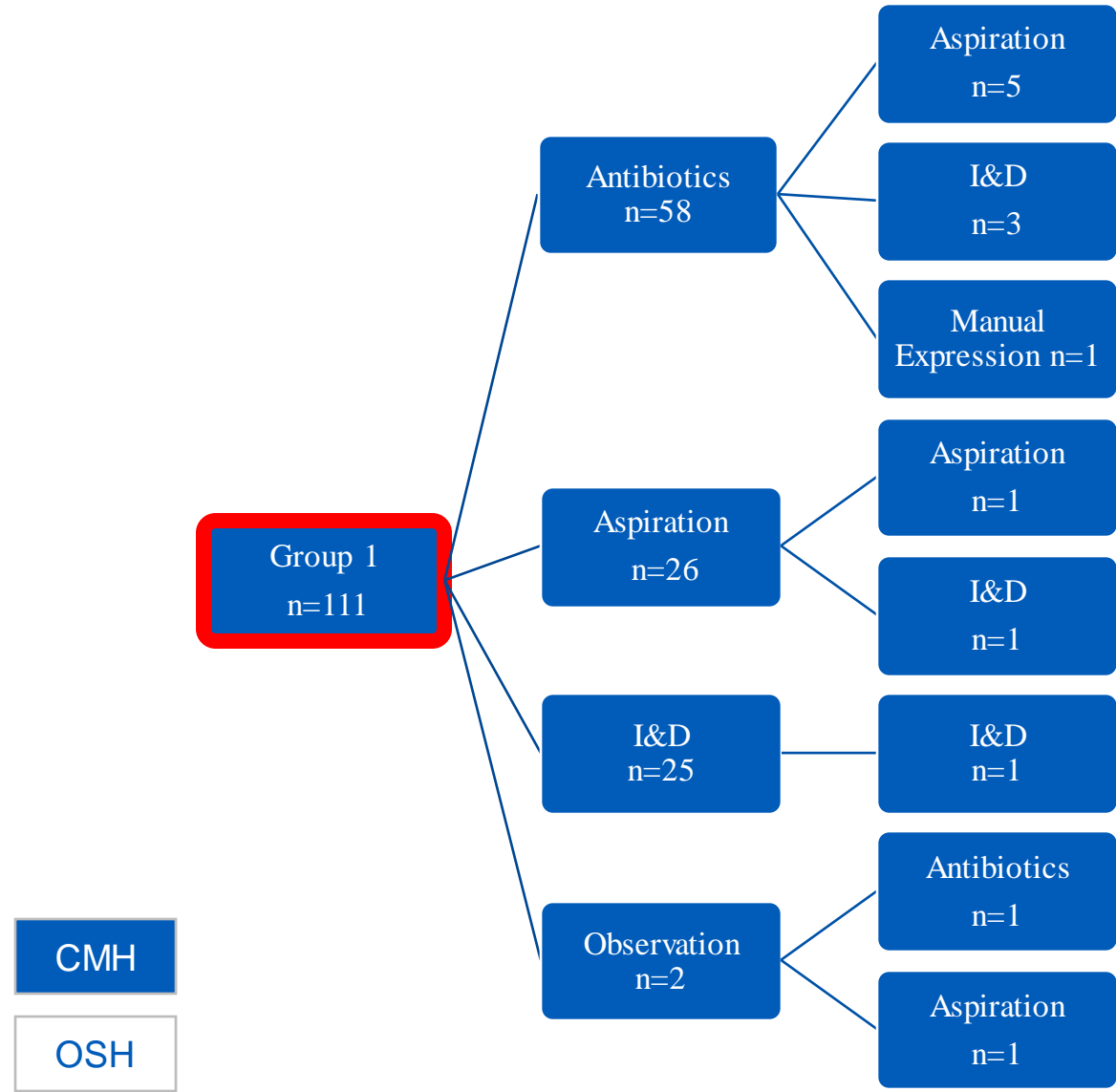
Results

- 145 total patients identified
- 85% (n=49) success with antibiotic treatment
- 12.6% (n=14) had persistent disease and required further treatment



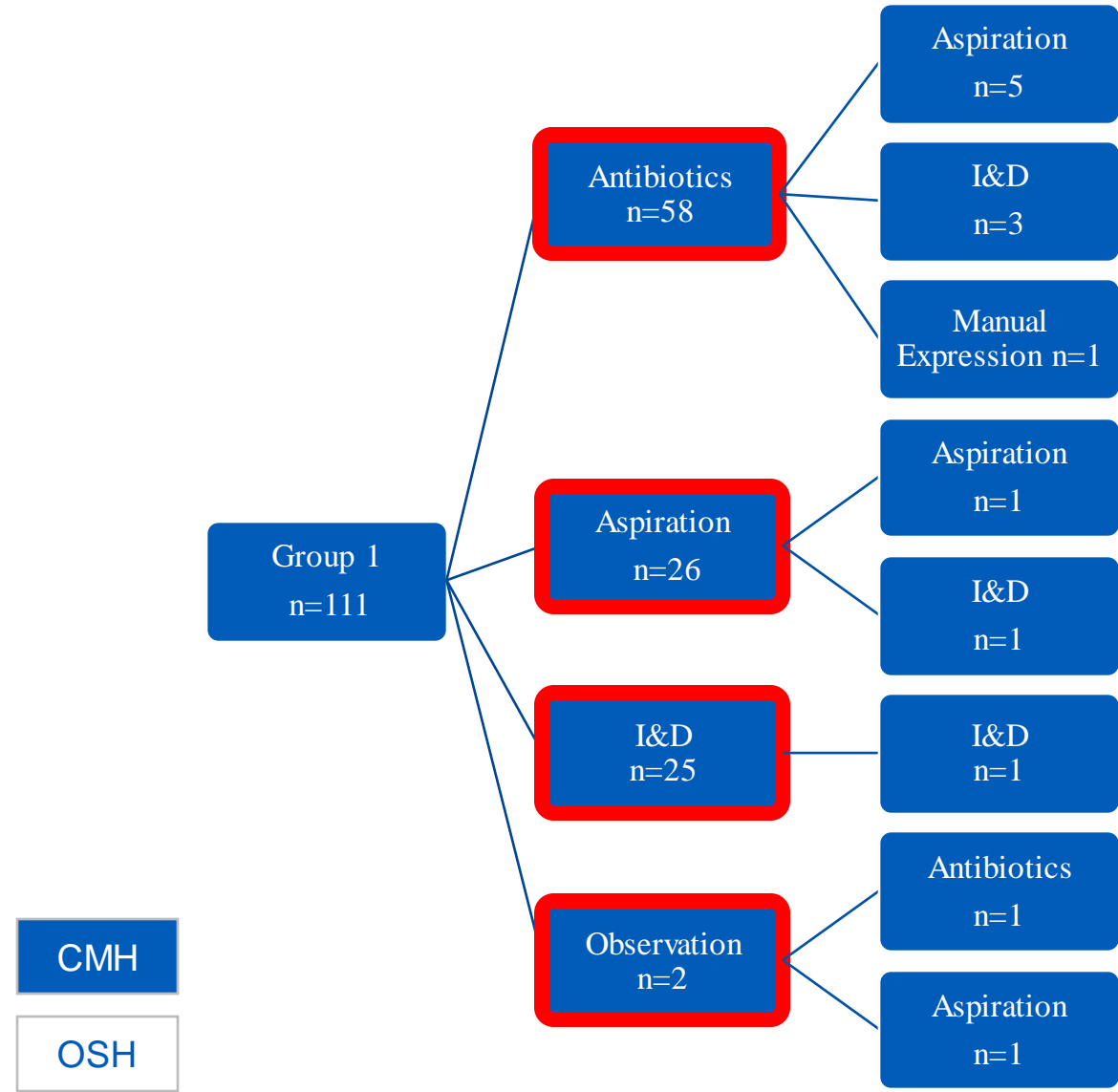
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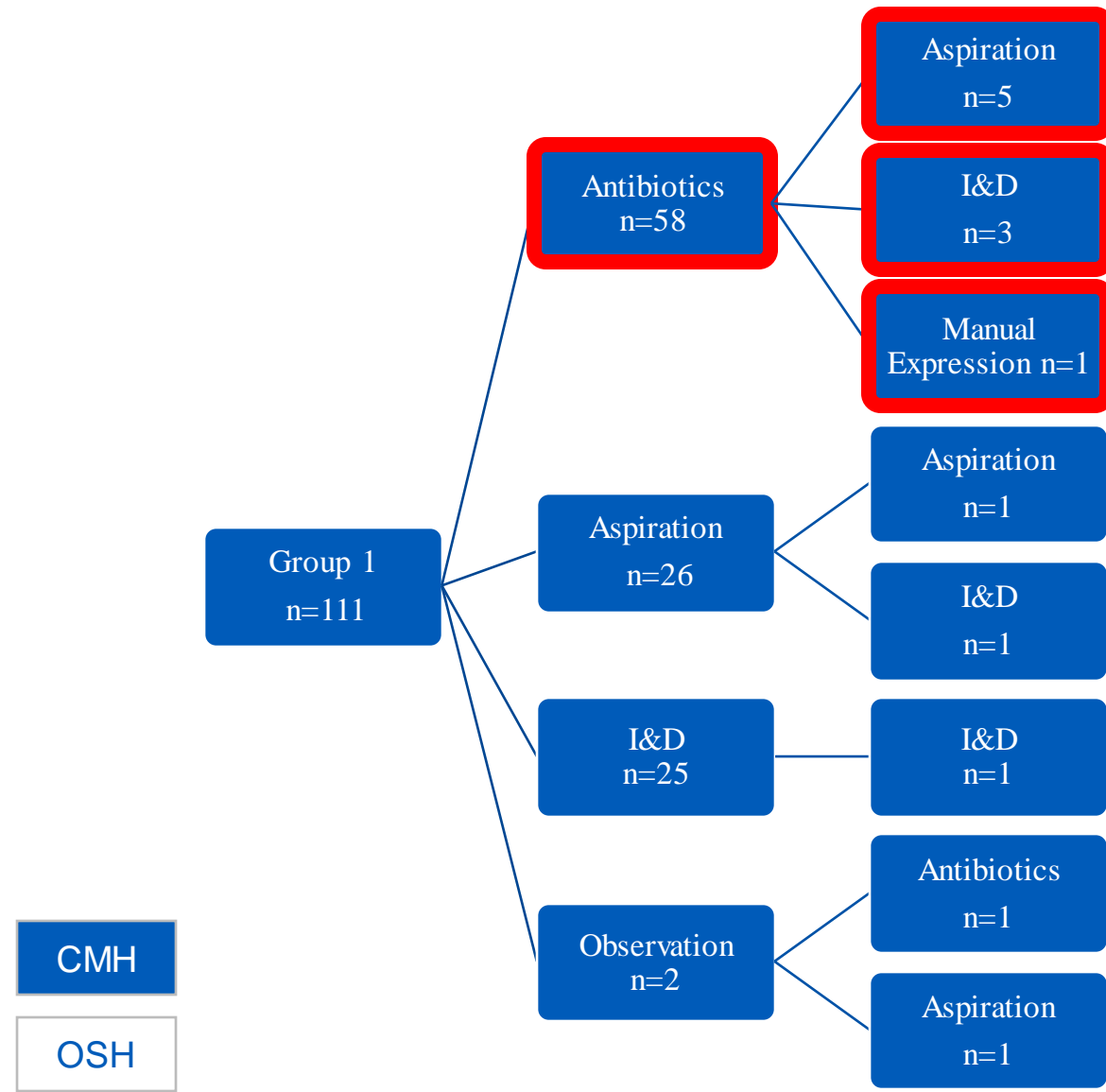
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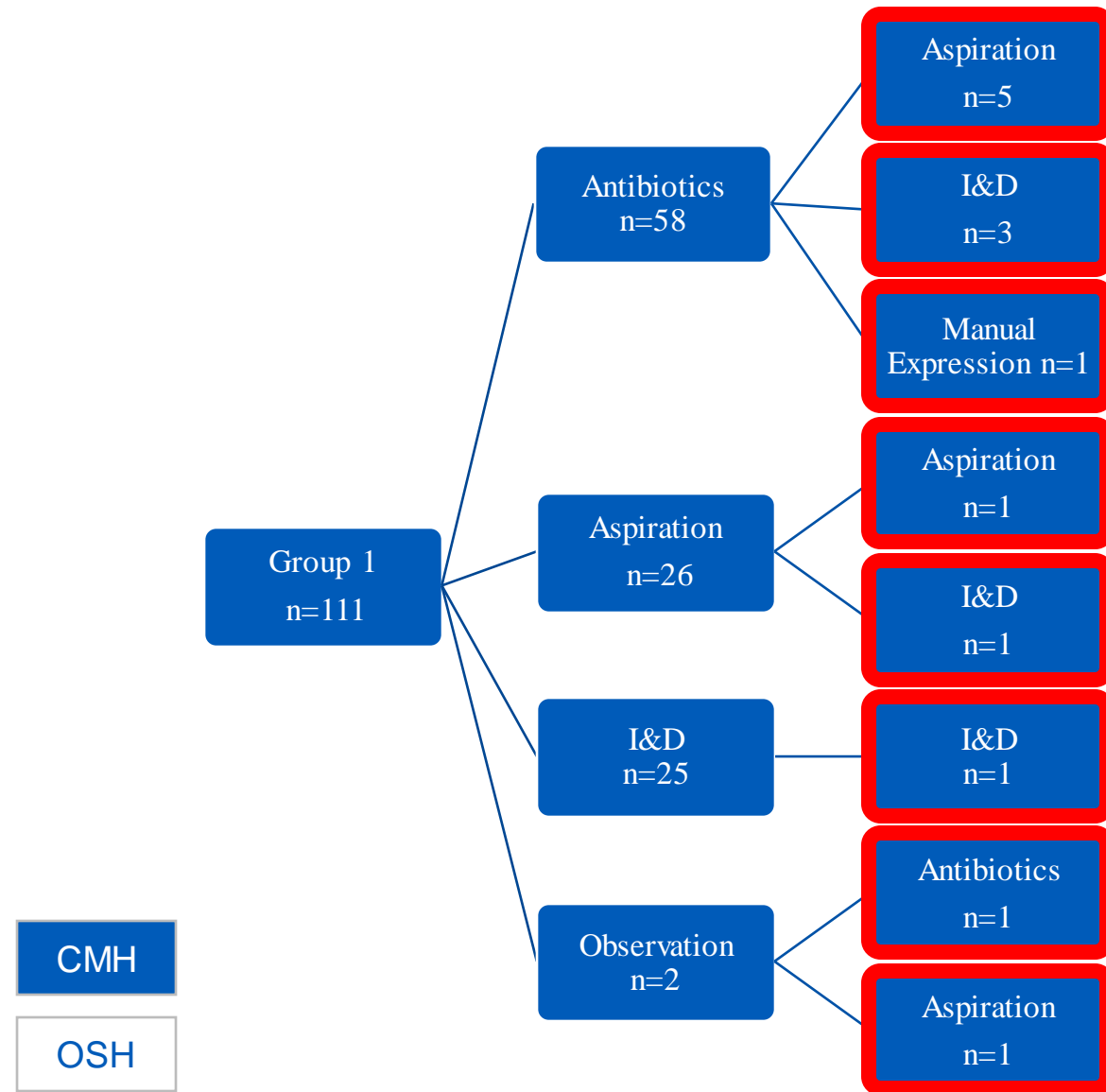
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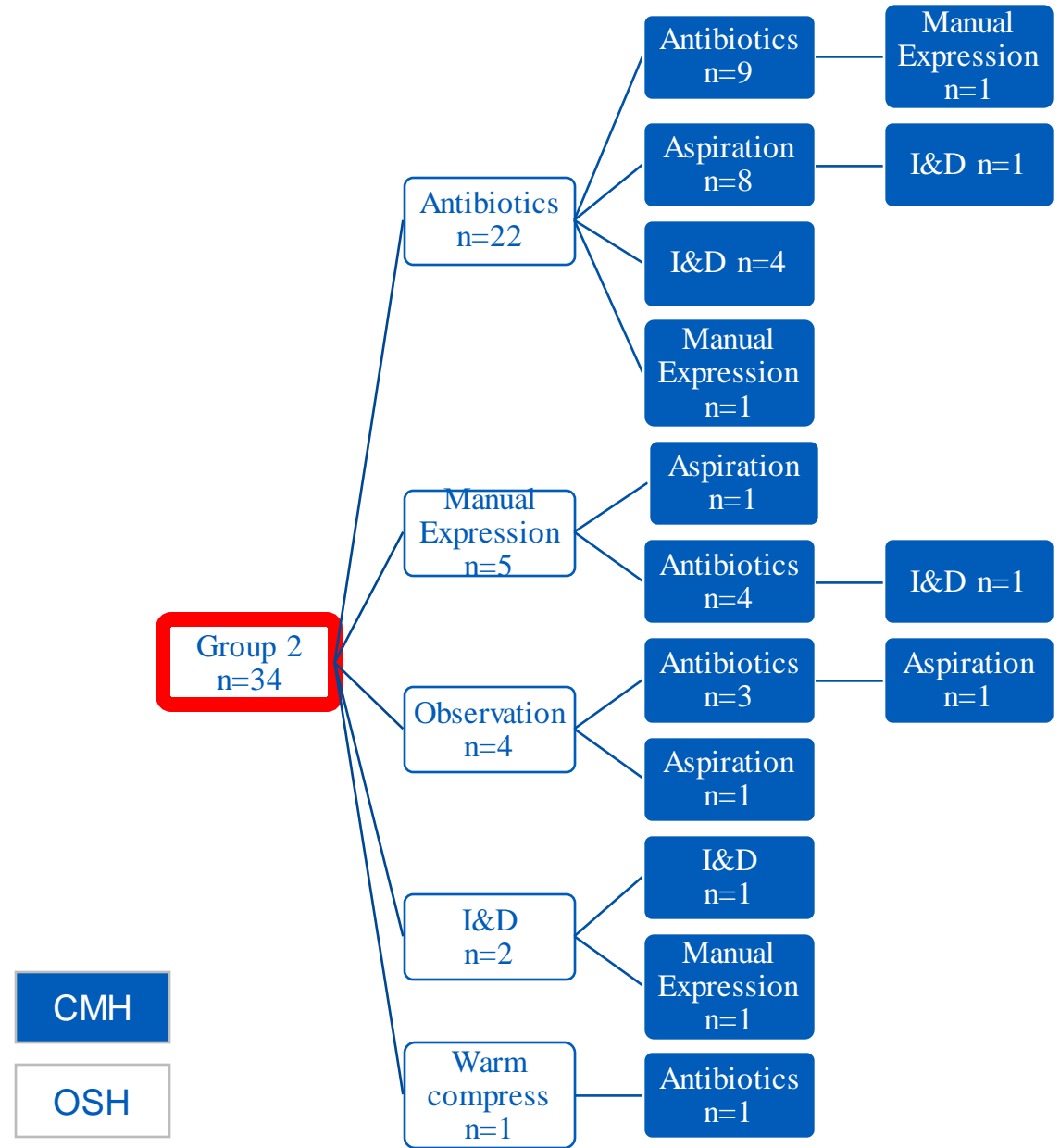
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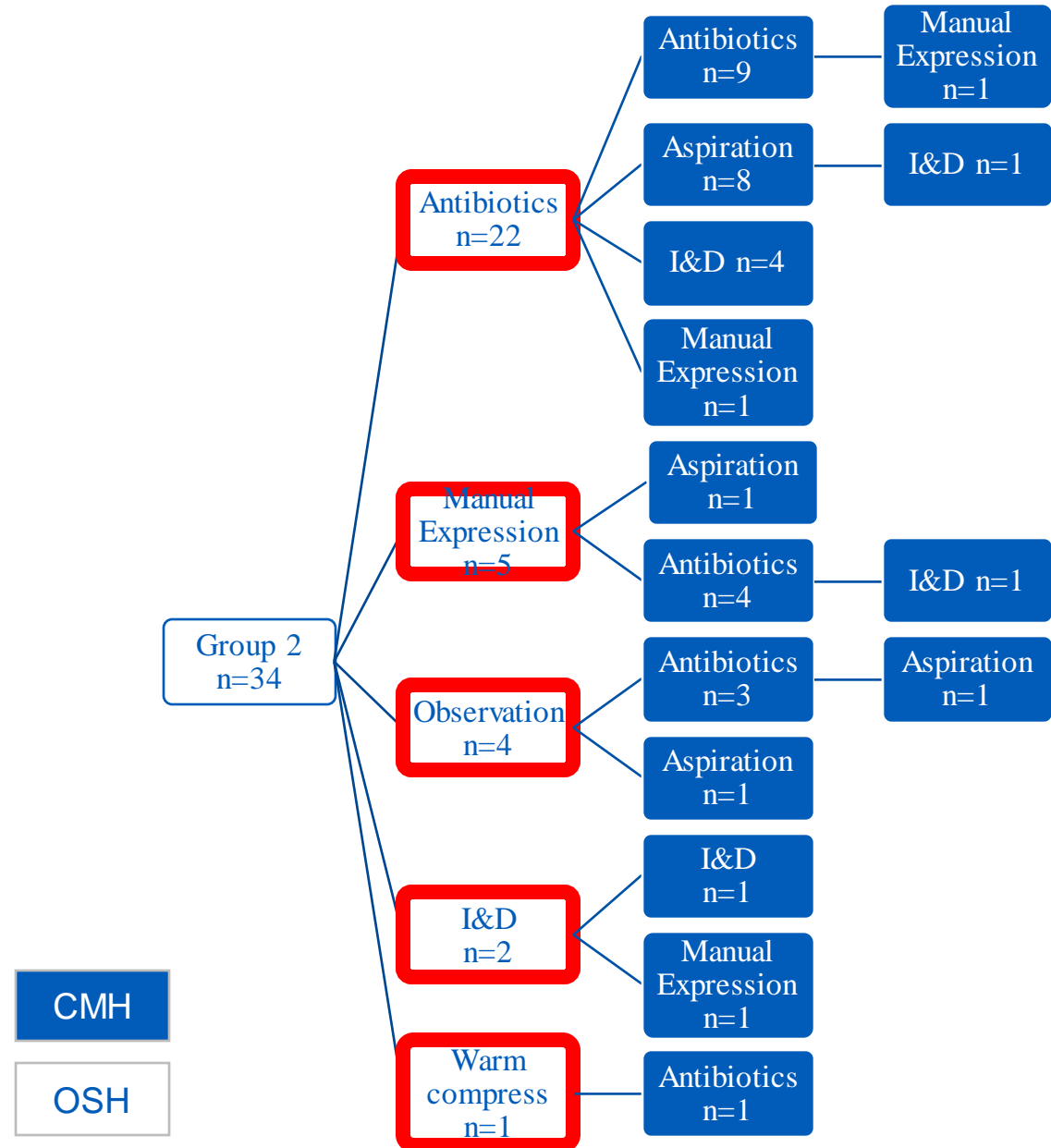
Results

- 50% (n=17) were treated with antibiotics
 - 8 received 1st antibiotic
 - 2 had persistent disease
 - 9 had change in antibiotic
 - 1 had persistent disease
- 11.8% (n=4) received 3rd treatment



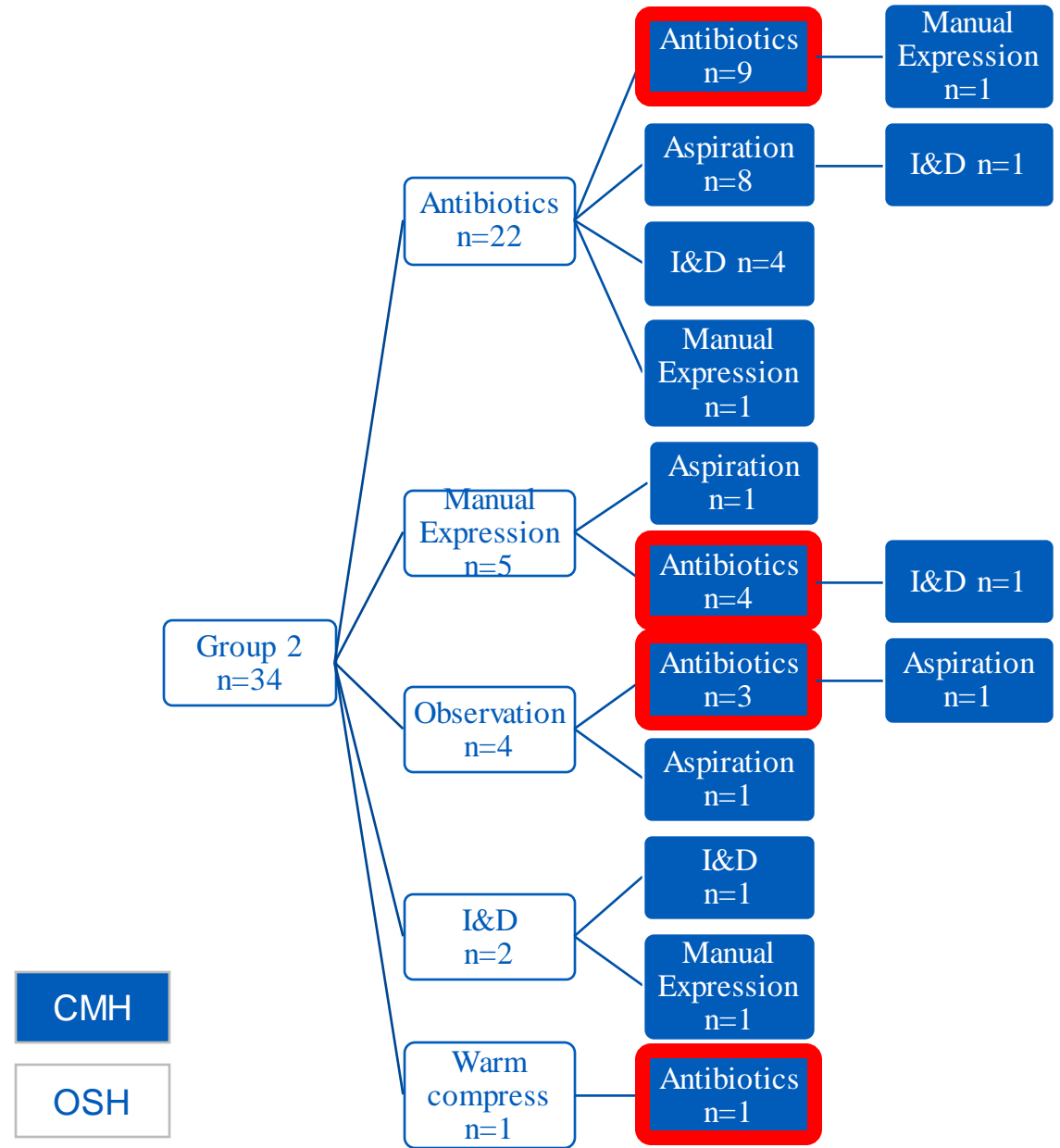
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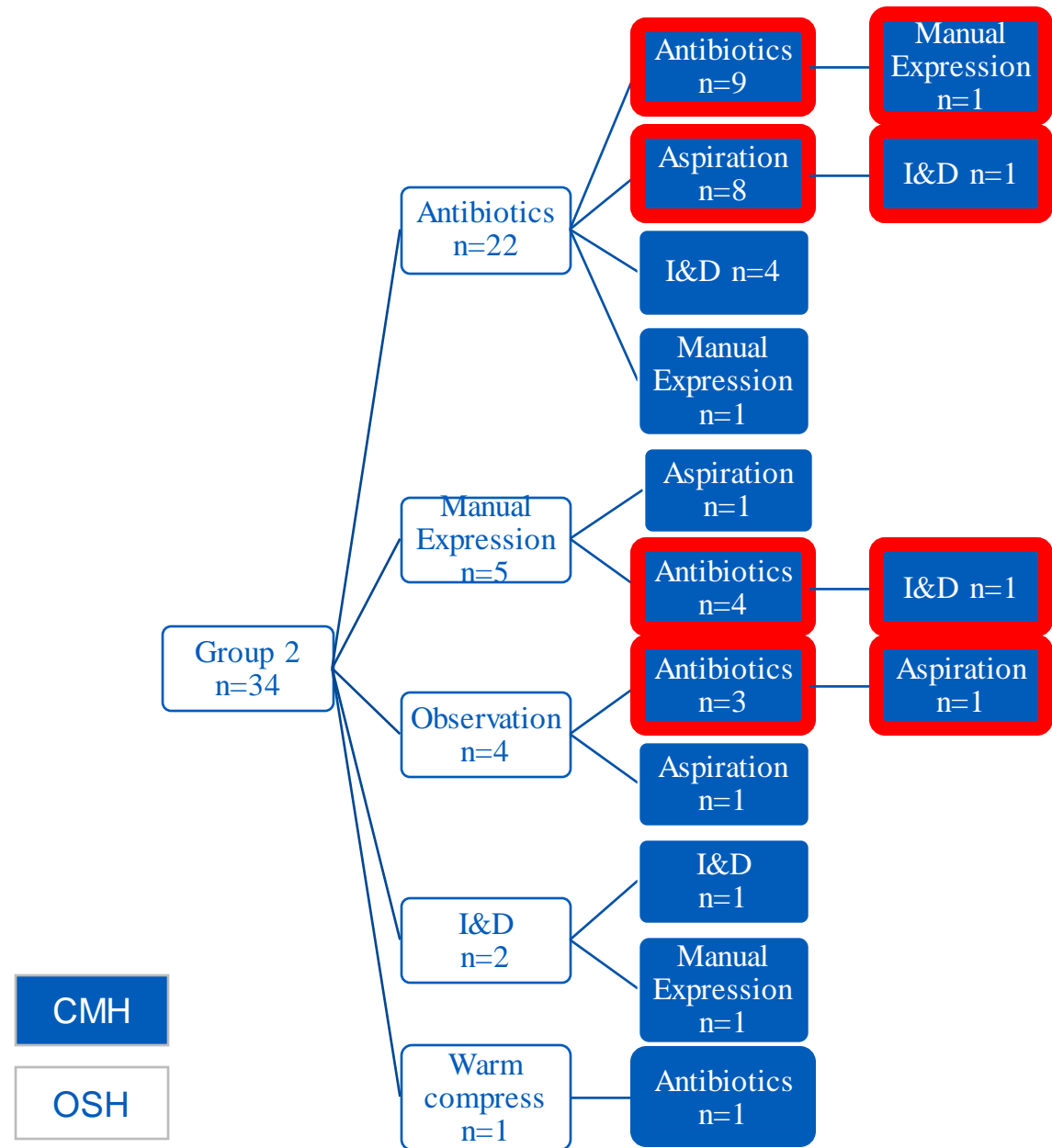
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Conclusion

- Recurrence rates of 12.6% vs. 11.8%
- Antibiotics may be used as treatment for persistent breast abscess in appropriate cases
- Damage to the developing breast bud should be minimized
- Interventions should be performed by experienced practitioners