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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]

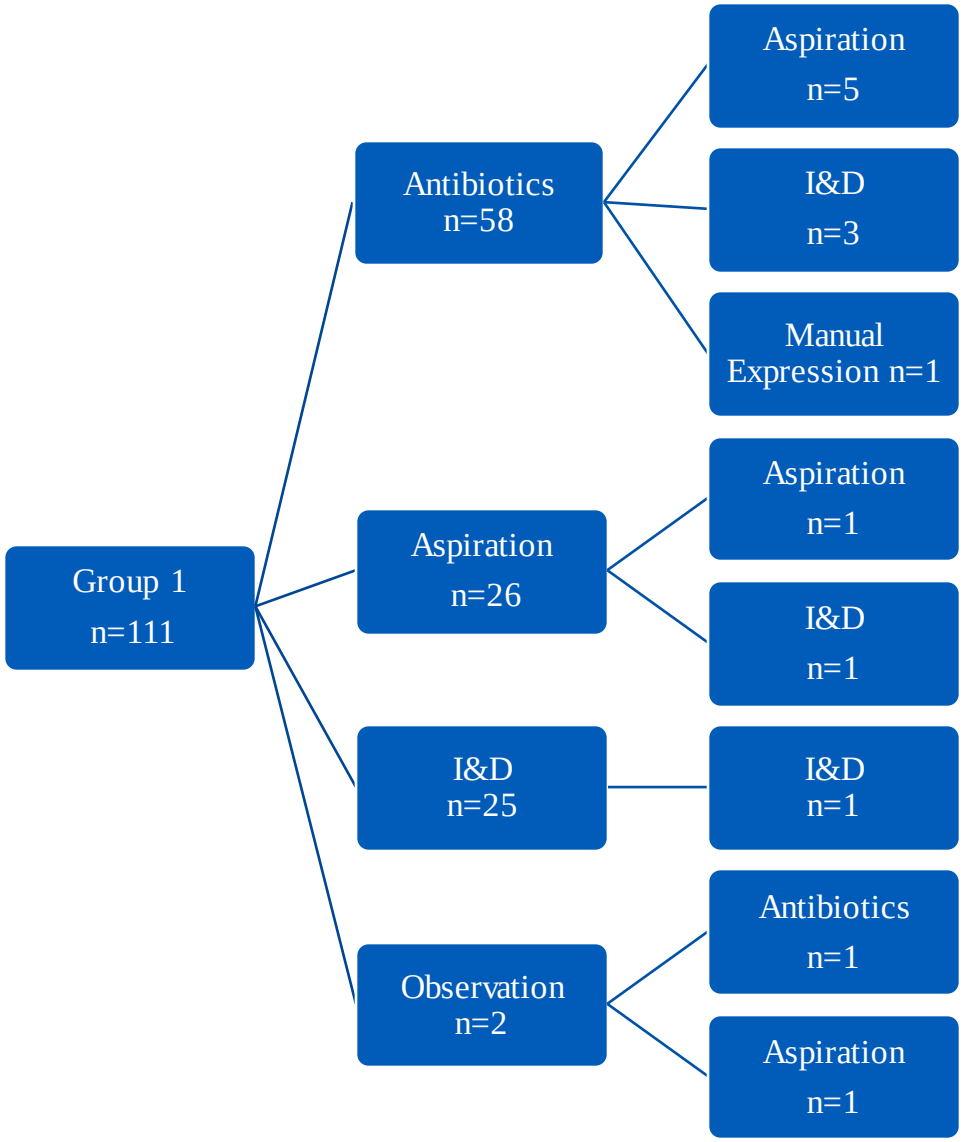
- Hypotheses: We hypothesize pediatric breast abscesses can be effectively managed with antibiotics for initial and persistent disease

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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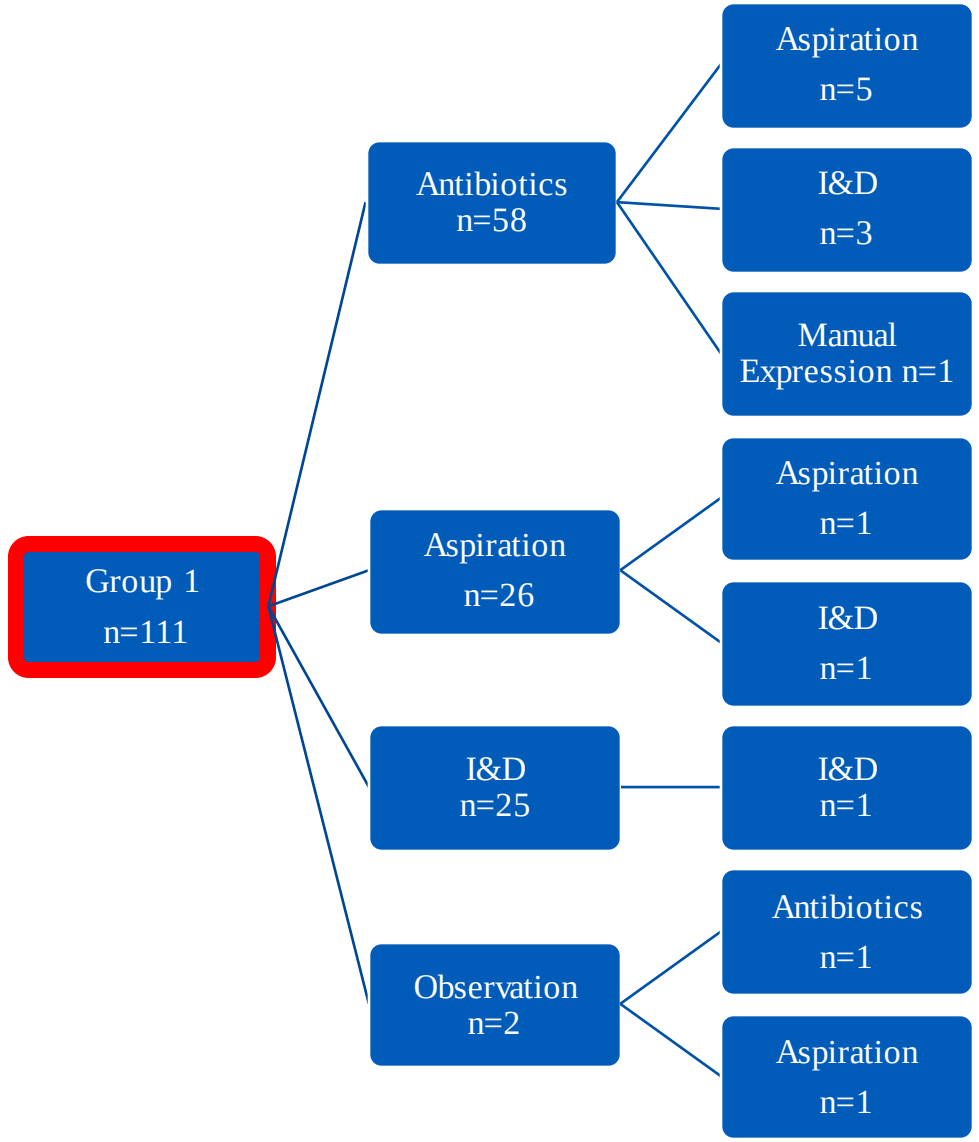

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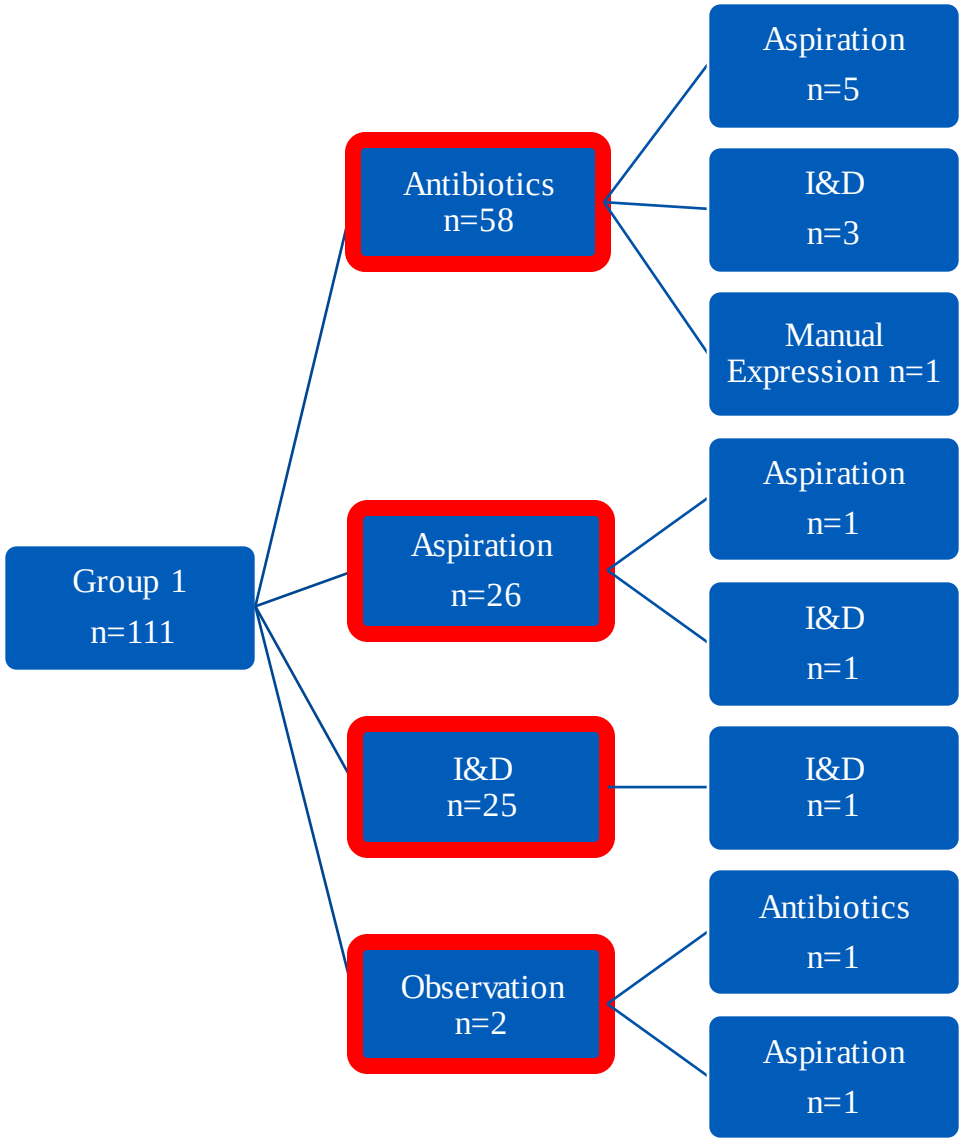

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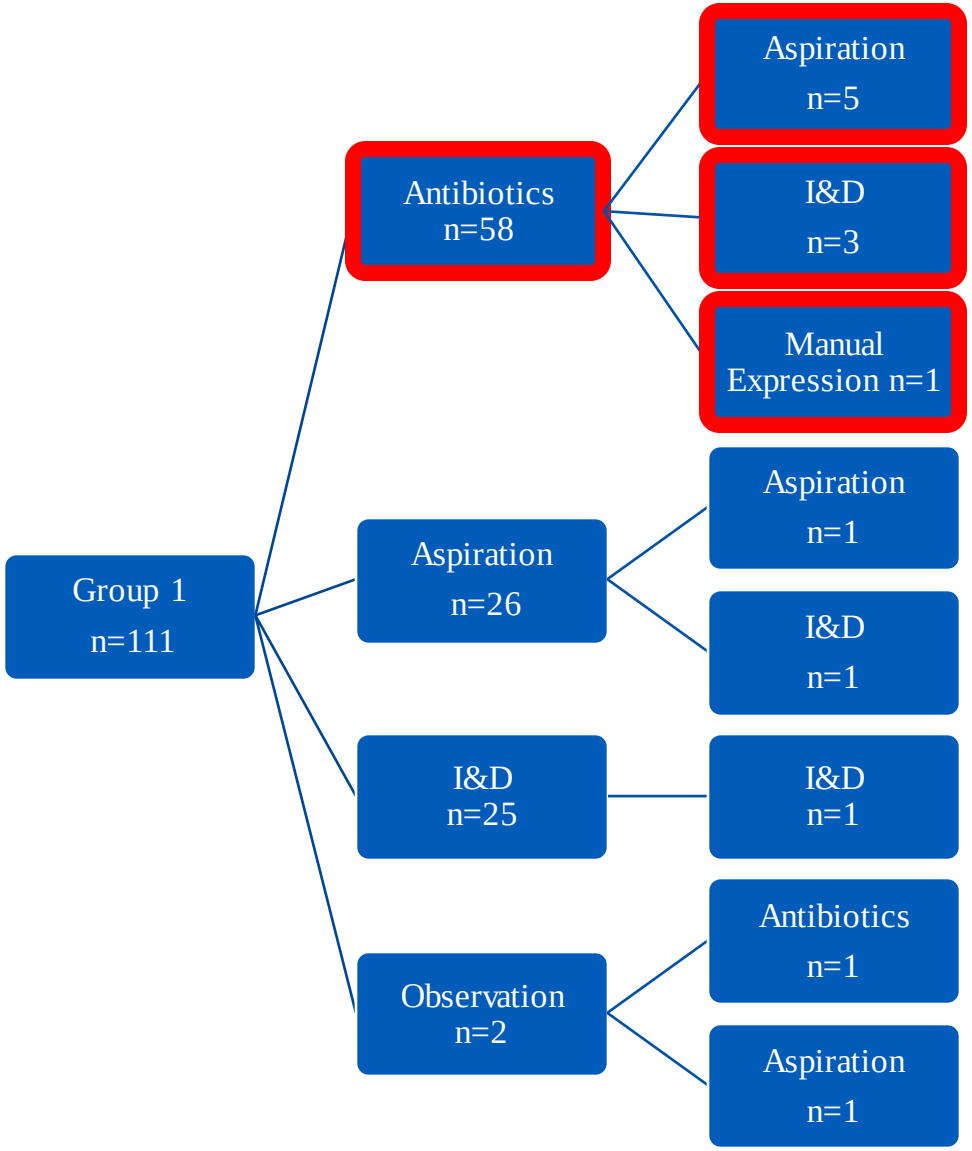

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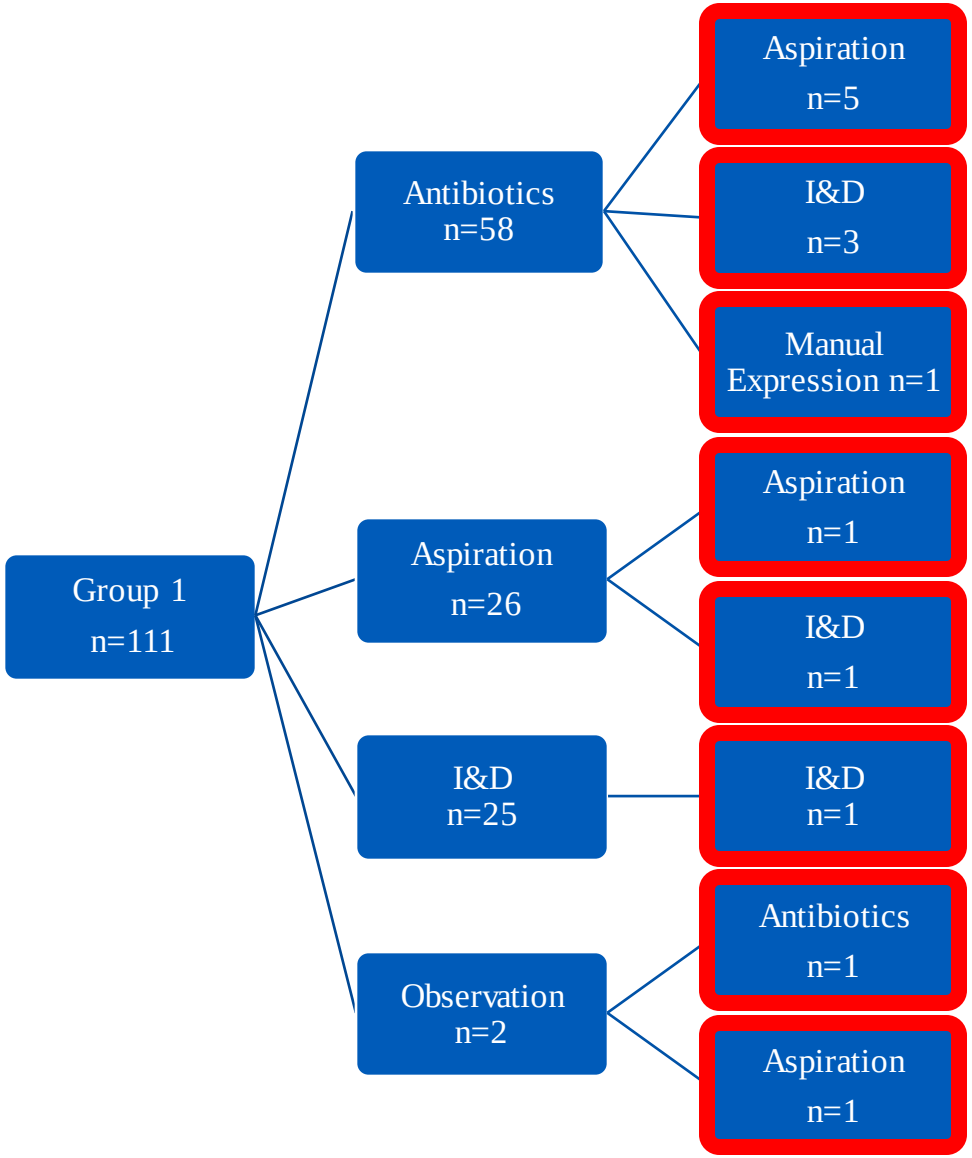
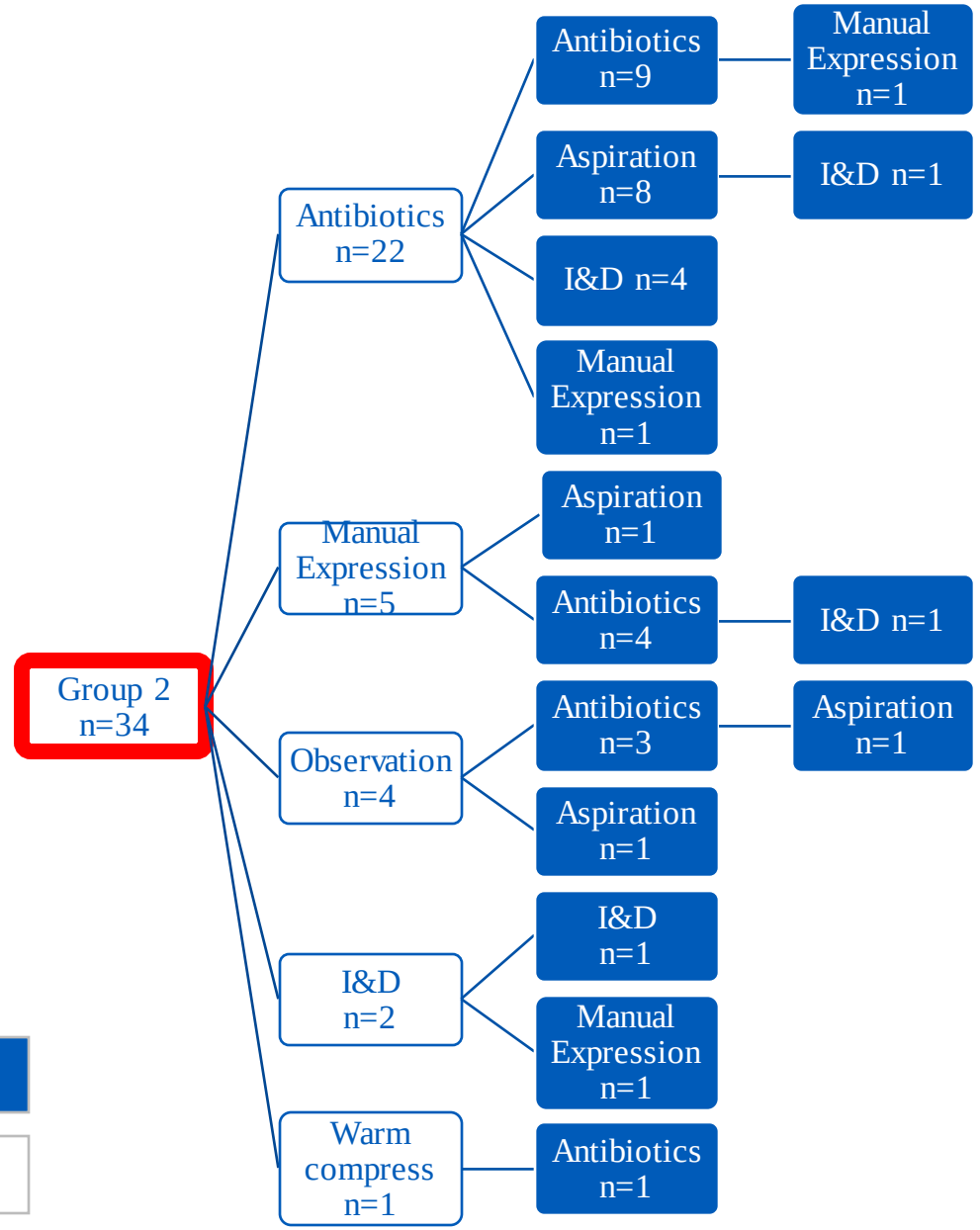


Results

- 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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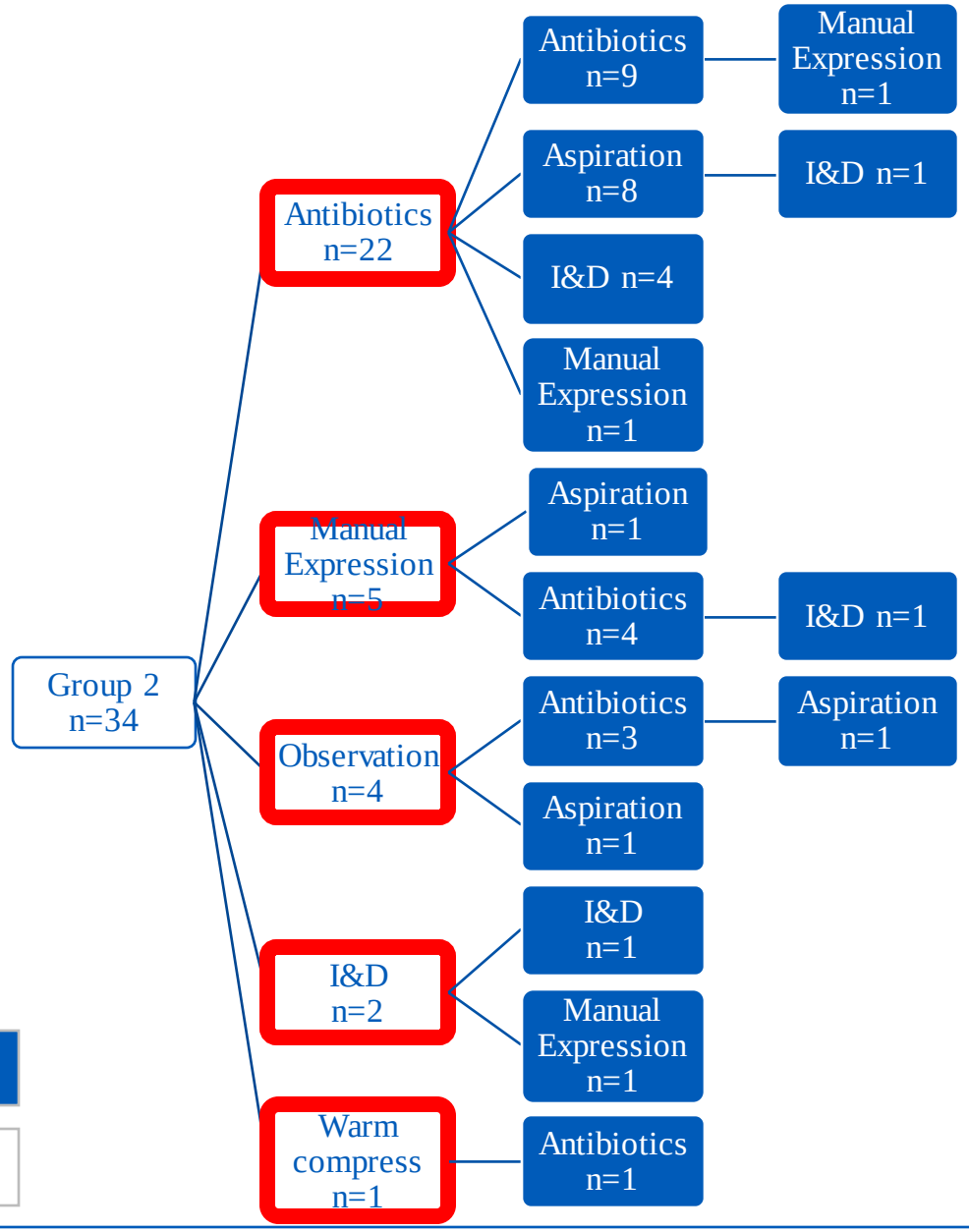

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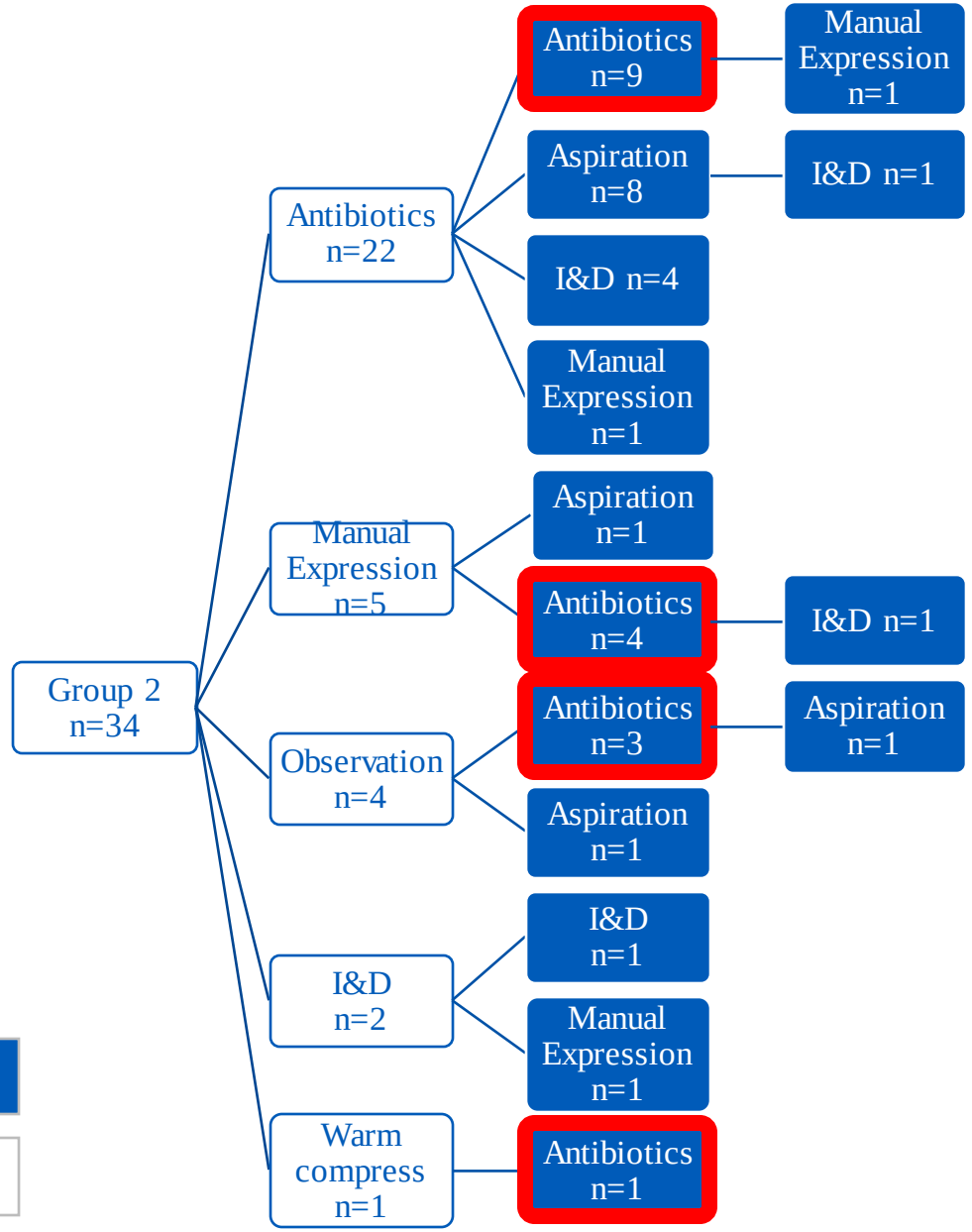

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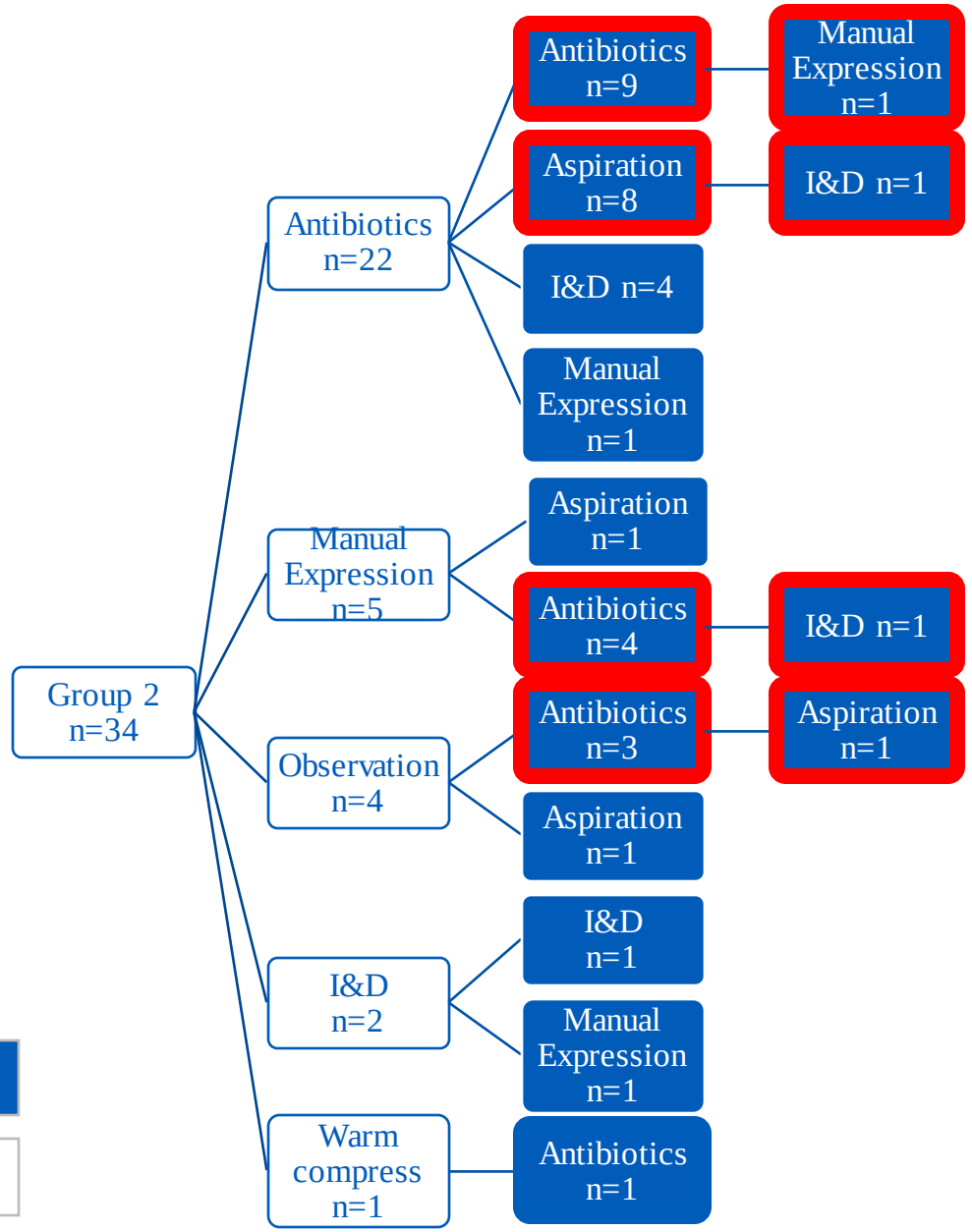

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Conclusion

- 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