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Refining the Optimal First Treatment for Pediatric Breast Abscesses

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Further Examining the Optimal Treatment for Pediatric Breast Abscess

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Introduction

• The optimal 1st treatment of pediatric breast abscesses has been questioned
• We previously reported treatment and outcomes of children with untreated, not spontaneously draining (UTND) breast abscesses (Dekonenko et al J Surg Res 2021).
  • Trial of antibiotics can first be considered, no impact of first treatment on persistence rate
• Led us to question: is disease persistence impacted by treatment at a pediatric tertiary referral center?

Methods

• Single-institution, retrospective review
• Patients <18 years old with breast abscess
• Stratified by UTND or previously treated, not spontaneously draining (PTND)
• Primary outcome: persistent disease requiring further treatment

Results

• 114 patients met inclusion criteria
  • 96 UTND
  • 18 PTND
• Patients 1st treated at outside hospitals (OSH) were more likely to use antibiotics alone as primary therapy (100% vs. 47%, p<0.001)
  • Persistent disease more common in those treated with abx 1st at OSH vs. abx 1st at CMH
• 11/18 children treated first at OSH required treatment for persistent disease (73% needle aspiration, 27% incision and drainage)
• TMP-SMX used most at OSH (50%) vs. Clindamycin at CMH (71%, p<0.01)

Conclusion

Antibiotic therapy, when properly chosen, remains a safe first-line treatment of pediatric breast abscesses.

Figure 1. Clinical course, initial treatment, and need for escalation of therapy (if applicable) in children with breast abscesses

I&D = incision & drainage