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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%, $p < 0.01$)**

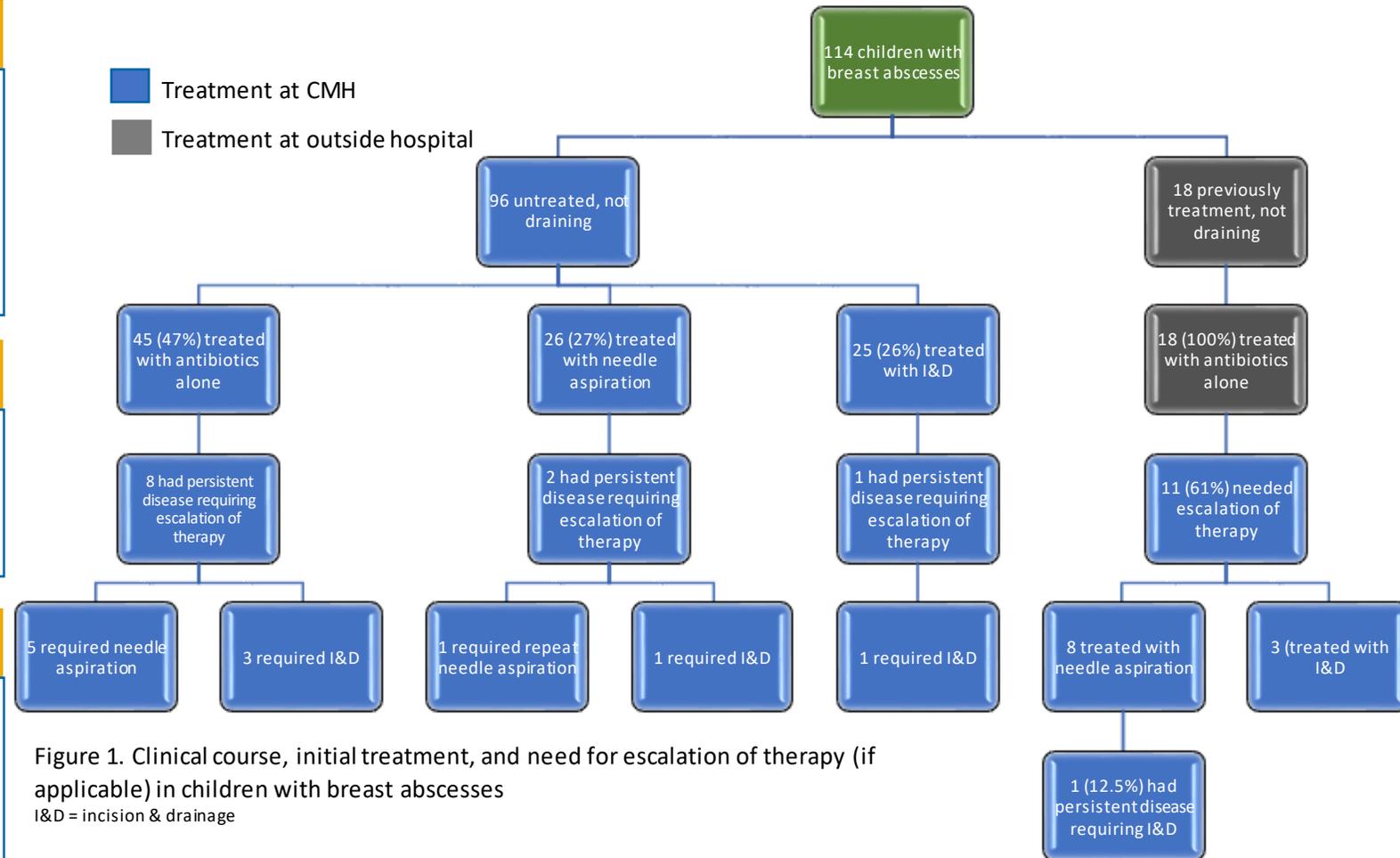


Figure 1. Clinical course, initial treatment, and need for escalation of therapy (if applicable) in children with breast abscesses
 I&D = incision & drainage

Conclusion

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