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

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Research Abstract Title

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IRB Number: 17120711

Describe role of Submitting/Presenting Trainee in this project (limit 150 words):
Data Collection, analysis and primary author.

Background, Objectives/Goal, Methods/Design, Results, Conclusions limited to 500 words

Introduction: Little data exist on the management of pediatric breast abscesses that fail initial treatment. Therefore, this study aimed to evaluate and report outcomes in these patients.
Methods: All patients <18-years-old treated for a breast abscess between January 2008 and December 2018 were included. Patients were divided into 2 groups: initial treatment at our institution (Group 1) and initial treatment at referring centers (Group 2). The primary outcome was disease persistence following treatment at our institution. Secondary outcomes included treatment modalities and patient characteristics.
Results: In total, 145 patients were identified: 111 in Group 1 and 34 in Group 2. Antibiotics alone were the initial treatment in 52.3% (n=58) of Group 1 patients and 64.7% (n=22) of Group 2 patients. Invasive treatment was more common in Group 1 (45.9% vs 5.8%; p<0.00001). Patients with persistent disease in Group 1 were treated with aspiration (n=7, 50%), I&D (n=5, 35.7%), antibiotics (n=1, 7.14%), and manual expression (n=1, 7.14%.), while Group 2 patients were treated with antibiotics (50%, n=17), aspiration (26.47%, n=9), I&D (17.65%, n=6), and manual expression (5.88%, n=2). Group 2 patients with persistent disease were more likely to be treated with antibiotics or a change in antibiotics (50% vs 7.14%; p=0.005). Following treatment at our institution, the rate of persistent disease was similar between groups (12.6% vs 11.8%).
Conclusions: Persistent breast abscesses may be treated with antibiotics in appropriate cases. Damage to the developing breast bud should be minimized. Disease persistence is similar once treated at tertiary care centers.