Improving Treatment for Infant Perianal Abscesses

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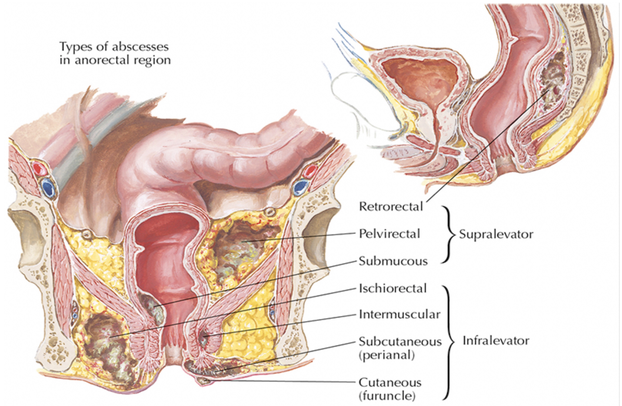
Introduction

Perianal abscesses:

- Tender masses located at the anal verge, typically in the 3 o'clock and 9 o'clock positions[1]
- Develop due to infection in abnormally deep crypts of Morgagni [1]
- If left untreated, can extend into the ischioanal space or intersphincteric space since these areas are continuous with the perianal space.[2]
- Some may develop into fistula in ano, which can be difficult to treat[3]

Treatment:

- The standard has always been incision and drainage (I&D), but non-invasive management of Sitz baths is increasingly being used.



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Aims & Hypothesis

Aims:
Investigate the effectiveness of non-invasive Sitz baths for management of infant perianal abscesses to improve patient care compared to surgical treatment.

- Patient outcomes include 1) resolution of abscesses and 2) recurrence at 3-month follow up.

Hypothesis:
Compared to I&D, conservative management with Sitz baths will result in decreased time to abscess resolution and no recurrence at 3-month follow up.

Methodology

- Prospective non-randomized study between two treatment groups: I&D or Sitz bath
- Study conducted at Corewell Health Hospital in Royal Oak, Michigan
- Data was collected from September 2022 – November 2023

Participants

- Inclusion criteria: infants (onset at <1 year of age), Abscess < 2 cm from anal verge, Abscess < 3 cm in size
- Care providers chose to manage their patients with surgical intervention or Sitz baths

Results

Table 1 Patient Demographics

	Surgical (n=7)	Sitz Bath (n=6)	P-value
Male	6 (86%)	6 (100%)	-
Female	1 (14%)	0 (0%)	-
Weight (mean, kg)	6.13	5.56	0.448
Age abscess onset (mean, mo)	6.37	2.34	0.8
Previous Drainage	1 (14%)	0 (0%)	0.356
Antibiotics before surgical evaluation	6 (86%)	4 (67%)	0.459

Table 2 Patient Outcomes

	Surgical (n=7)	Sitz Bath (n=6)	P-value
Recurrence	0 (0%)	2 (33%)	0.02
Resolution @ 3 months	7 (100%)	6 (100%)	> 0.05

Discussion

- Surgical management of perianal abscesses is more effective than Sitz water baths in treating perianal abscesses.
- Surgical management showed fewer recurrences of perianal abscess after initial evaluation with a similar time to resolution as Sitz baths.
- Limitations of this study include insufficient sample size for statistical measurements and lack of previous studies on topic
- Future directions include increasing the sample size to include at least 40 patients to better assess efficacy between the two groups and compare fistula formation between those treated with I&D versus Sitz baths.

Conclusion

Surgical management is considered to be the standard of care in managing perianal abscesses. While the data demonstrates surgical management is associated with a decrease in abscess recurrence in comparison to Sitz baths , both methods of treatment are effective at 3 months follow-up.

References

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