This journal club looked at 2 primary issues in the ED care of soft-tissue abscess (which in 2010 we all presume to be MRSA). While these manuscripts look at different aspects of care (antibiotics and packing), all papers are based on a single most important tenet of abscess care, namely that a thorough I&D be performed at the outset. Whether looking at antibiotics or packing as adjuncts, neither will make-up for inadequate I&D.

Regarding antibiotics, it seems clear from these papers (and others) that for the simple abscess in a healthy patient that antibiotics are unnecessary for infection resolution. Further, it seems from the Rajendran et. al. paper (AEM 2007) that this can be extended to abscesses in less-than-healthy patient populations also (homelessness = 35%, Hep B / C = 33%, HIV = 16%). Even in this higher-risk population, with an uncomplicated MRSA skin abscess (in 88%) clinical cure was achieved with Keflex (which = placebo) in the vast majority. One of the papers suggests a trend towards less recurrent infections at 30 days when the patient receives a course of antibiotics from the ED, but my take is that was a surprise post-hoc finding that in a study not designed or powered to look for that.

Bottom line: for simple abscess, no antibiotics.

Regarding packing, the paper by O'Malley is about a pilot study randomizing cutaneous abscesses to packing vs no packing. Abscesses were smaller than 5cm, all underwent I&D, and then randomization to pack or no-pack. 60% were MRSA on culture. Really small numbers (23 packed, 25 not-packed), but no difference in abscess resolution. There was more pain (on a VAS) immediately with packing and for the following 48 hours. Probably not enough here to hang your hat on (numbers too small), but packing may be "on notice" if we can get a well-done larger study that replicates this one.

Bottom line: for simple abscesses, most still pack, but keep your eyes out for a confirmatory, adequately powered study to change practice.

ADP