

# Management of Tuboovarian abscesses at the Royal Gwent Hospital

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## Aim

Review management of Tuboovarian abscesses (TOA) in our department

## Methods

Retrospective observational study. We identified 73 Patients with TOA with the help of Picture Archive and Communication System between August 2017 and 2020.

We excluded patients who received treatment prior 1st of August 2017.

Clinical history, radiology images, microbiology results were reviewed. Patients were followed up for 6-36 months.



## Results

Majority of patients were between 40-50 years with the mean age of 43.

Two patients had diabetes mellitus, three were obese and one had a history of pulmonary tuberculosis.

44 (60%) patients had IUD in situ. 99% had IUD removal on admission.

All patients had vaginal swabs taken. 60% of vaginal swabs were negative and no cases of actinomyces were identified.

CT imaging was done in 95% of cases.

58 (79%) patients were treated conservatively with antibiotics as per PID protocol.

15 (21%) patients had surgical management at the initial presentation. 11 patients underwent TOA drainage and 4 had a removal of adnexal mass.

Of these 15 patients, 6 had laparoscopic approach and 8 had laparotomy. One patient required hemicolectomy. 3 patients had an Ultrasound guided drainage.

8 patients managed conservatively were readmitted.

The reasons for readmission were coil in situ from previous admission (2), persisting TO mass > 8cm (2), bilateral TOA (2), ongoing abdominal pain (1) one case of multiresistant E. coli.

1 patient was readmitted after laparoscopic drainage and 1 patient required laparotomy after Ultrasound guided drainage.

Our study shows that the rate of surgical intervention is higher with TOA > 5cm and bilateral abscesses. TOA are associated with IUD. Readmission rate was similar in both groups, 14% in conservative group versus 13% in surgical group. Both medical and surgical treatments appeared safe.

## Conclusion

Decision on the mode of treatment should be individualised and based on the clinical picture, response to antibacterial treatment and presence of co-morbidities.