Packing of simple cutaneous abscesses after I&D is routine practice in the US. It is not necessarily the case in other parts of the world where abscesses after incision, drainage and aggressive debridement are sometimes closed. Review of the current literature indicates that routine packing is not only painful but unnecessary. The initial study abstracted below by O’Malley was done at Albert Einstein Medical Center in Philadelphia. 48 non-immunocompromised patients with small (< 5 cm) abscesses were I&Ded, irrigated and “standard abscess preparation” was done. The patients were then randomized to packing or no packing. Age, sex, abscess location and initial pain scores were comparable in both groups. In the “packing group”, pain scores immediately post-procedure and at 48 hours were higher and these patients reported a greater use of analgesics. Not packing the wounds did not result in increased morbidity. Other studies including the ones of Barnes et al and Sorenson et al (abscesses measuring up to 10 cm) arrived at comparable conclusions indicating that routine packing of simple cutaneous abscesses is painful and unnecessary.

Routine packing of simple cutaneous abscesses is painful and probably unnecessary.
Department of Emergency Medicine, Albert Einstein Medical Center, Philadelphia, PA, USA.
omalleyg@einstein.edu
OBJECTIVES: The objective was to determine whether the routine packing of simple cutaneous abscesses after incision and drainage (I&D) confers any benefit over I&D alone. METHODS: In a prospective, randomized, single blinded trial, subjects with simple cutaneous abscesses (less than 5 cm largest diameter) underwent incision, drainage, irrigation, and standard abscess preparation in the usual manner. Subjects were then randomized to either packing or no-packing. Visual analog scales (VAS; 100 mm) of pain were recorded in the emergency department (ED). All patients received trimethoprim-sulfamethoxazole (TMP-SMX), ibuprofen, and narcotic prescriptions, recorded twice daily VAS pain scores, and returned in 48 hours at which time dressings and packing, if present, were removed and a physician blinded to the randomization and not part of the initial visit repeated measurements and determined the need for further intervention. RESULTS: Forty-eight subjects were included in the final analysis. There were no significant differences in age, sex, abscess location, or initial pain scores between the two groups. There was no significant difference in need for a second intervention at the 48-hour follow-up between the packed (4 of 23 subjects) and nonpacked (5 of 25 subjects) groups (p = 0.72; relative risk = 1.3, 95% confidence interval [CI] = 0.4 to 4.2). Patients in the group that received packing reported higher pain scores immediately postprocedure (mean difference = 23.8 mm; p = 0.014, 95% CI = 5 to 42 mm) and at 48 hours postprocedure (mean difference = 16.4 mm; p = 0.03, 95% CI = 1.6 to 31.2 mm), as well as greater use of ibuprofen (mean difference = 0.32; p = 0.12, 95% CI = -1.4 to 2.0) and oxycodone/acetaminophen (mean difference = 2.19; p = 0.03, 95% CI = 0.2 to 4.1). CONCLUSION: In this pilot study, not packing simple cutaneous abscesses did not result in any increased morbidity, and patients reported less pain and used fewer pain medications than packed patients.

PMID: 19388915 [PubMed - indexed for MEDLINE]

Abscesses: an open and shut case!

Revised 1/2010
Barnes SM, Milsom PL.

Accident and Emergency Department, Leeds General Infirmary, England. Thirty-seven years ago, it was suggested that abscesses could be treated with primary closure rather than by conventional incision and drainage, and that subsequent healing was superior. The result of a survey into the practice and teaching of abscess management in accident and emergency departments shows that, despite apparent satisfaction with the technique, it has not gained widespread acceptance. The literature on the subject is reviewed, and from this review it would appear that there cannot be any justification for the traditional method of packing abscess cavities. Areas for further research are identified.

PMID: 3069102 [PubMed - indexed for MEDLINE]
PMCID: 1285534
(11-12):659-60.

Linear incision and curettage vs. deroofing and drainage in subcutaneous abscess. A randomized clinical trial.
Sørensen C, Hjortrup A, Moesgaard F, Lykkegaard-Nielsen M.

Surgical Department A, Sundby Hospital, Denmark. Linear incision plus curettage under antibiotic cover was compared with conventional deroofing and drainage of subcutaneous abscess in a randomized study of 50 patients. The median healing time was 9 days following linear incision and curettage and 15 days after deroofing and drainage (p less than 0.05). There was no recurrence of abscess during follow-up for 6 months. Linear incision plus curettage under single-dose antibiotic cover thus proved to be a safe method with significantly shorter healing time than after conventional deroofing an drainage.