

Long-term outcomes of tubo-ovarian abscesses managed with percutaneous drainage

Victoria Fashakin · Vivienne Mjeljen · Aimee Ferrandino · Dmitry Fridman

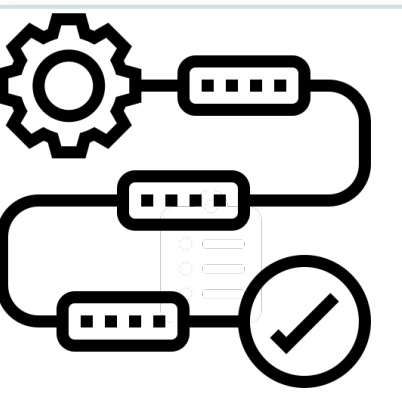
Duke University Medical Center

EP02.03



Objective

Report outcomes of patients with tubo-ovarian abscesses (TOA) managed with percutaneous drainage of the pelvic collection.



Methods

Design Retrospective chart review.

Setting Tertiary, university-affiliated medical center.

Cohort All percutaneous drain placements for TOA, 2003–2020, identified by CPT codes and confirmed on manual chart review.

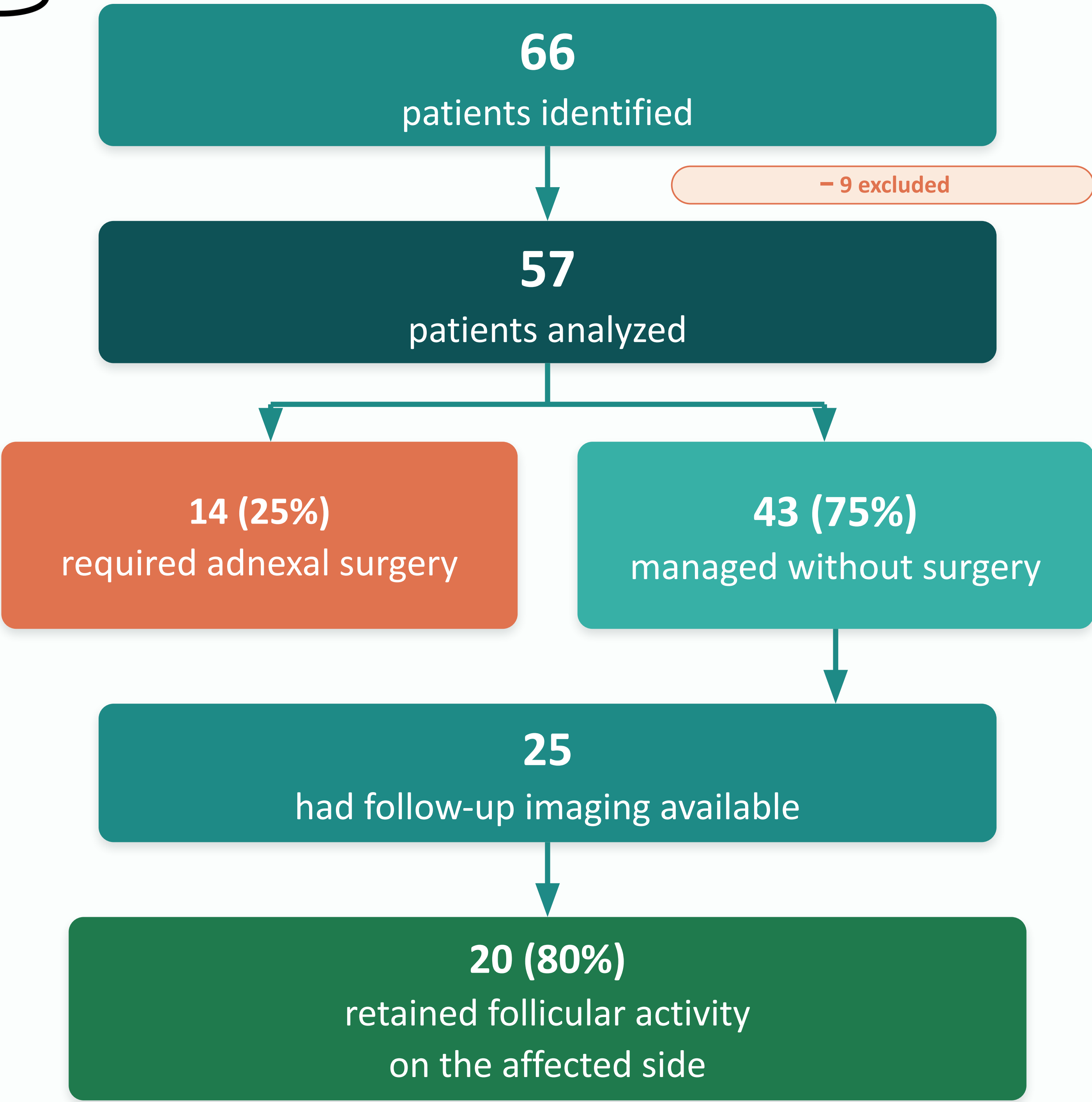
Excluded Retrospective diagnosis of endometriosis (n=6) or non-genital etiology of pelvic abscess (n=3)

Intervention Image-guided percutaneous drainage.

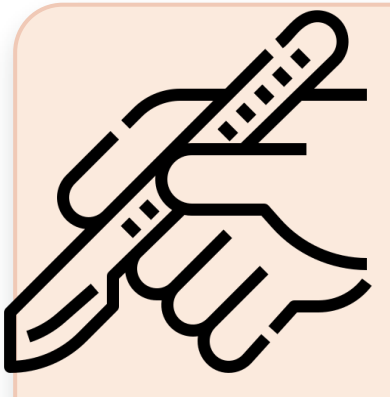
Primary outcome Follicular activity on the side of the abscess on follow-up imaging.



Patient Flow

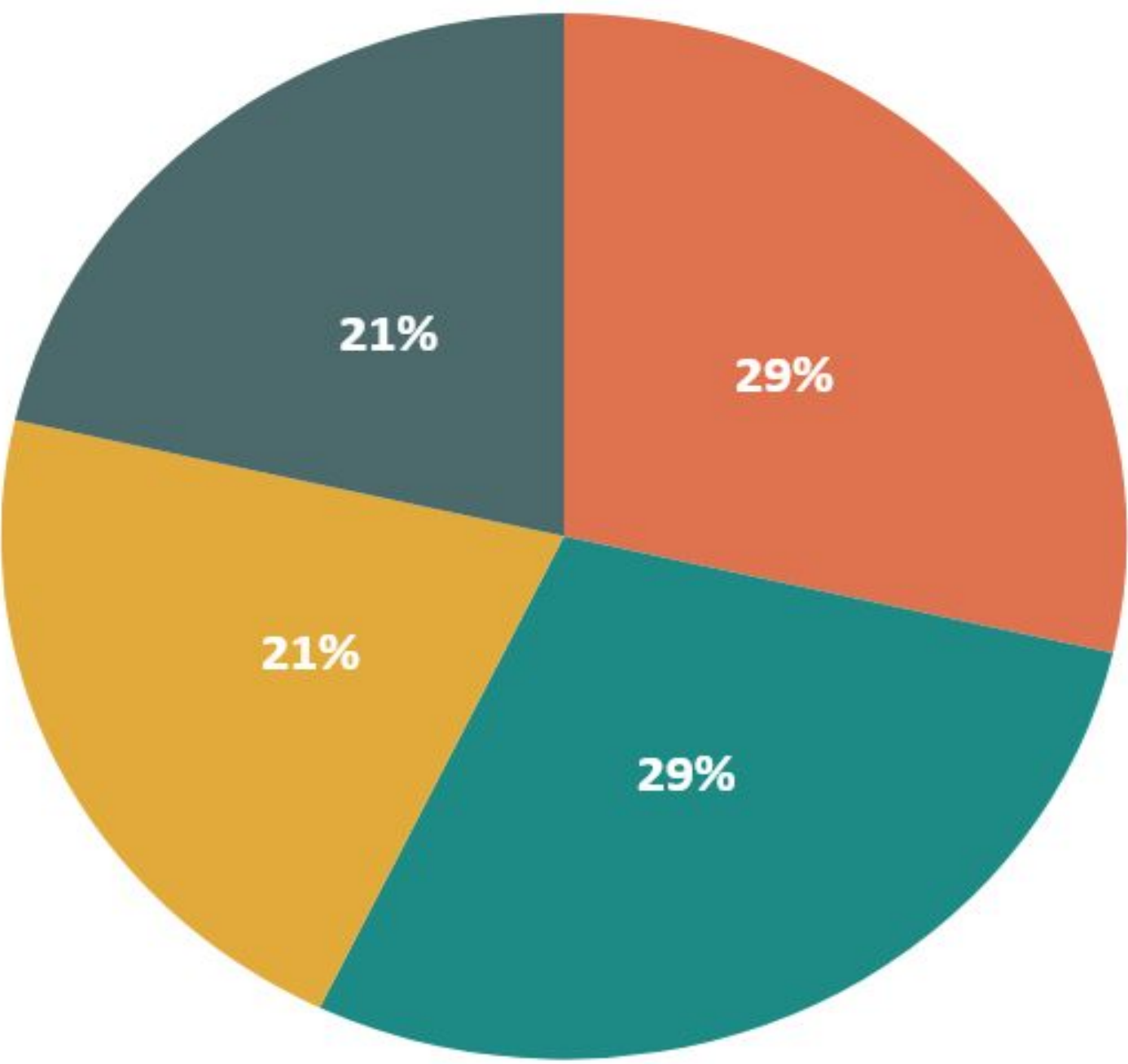
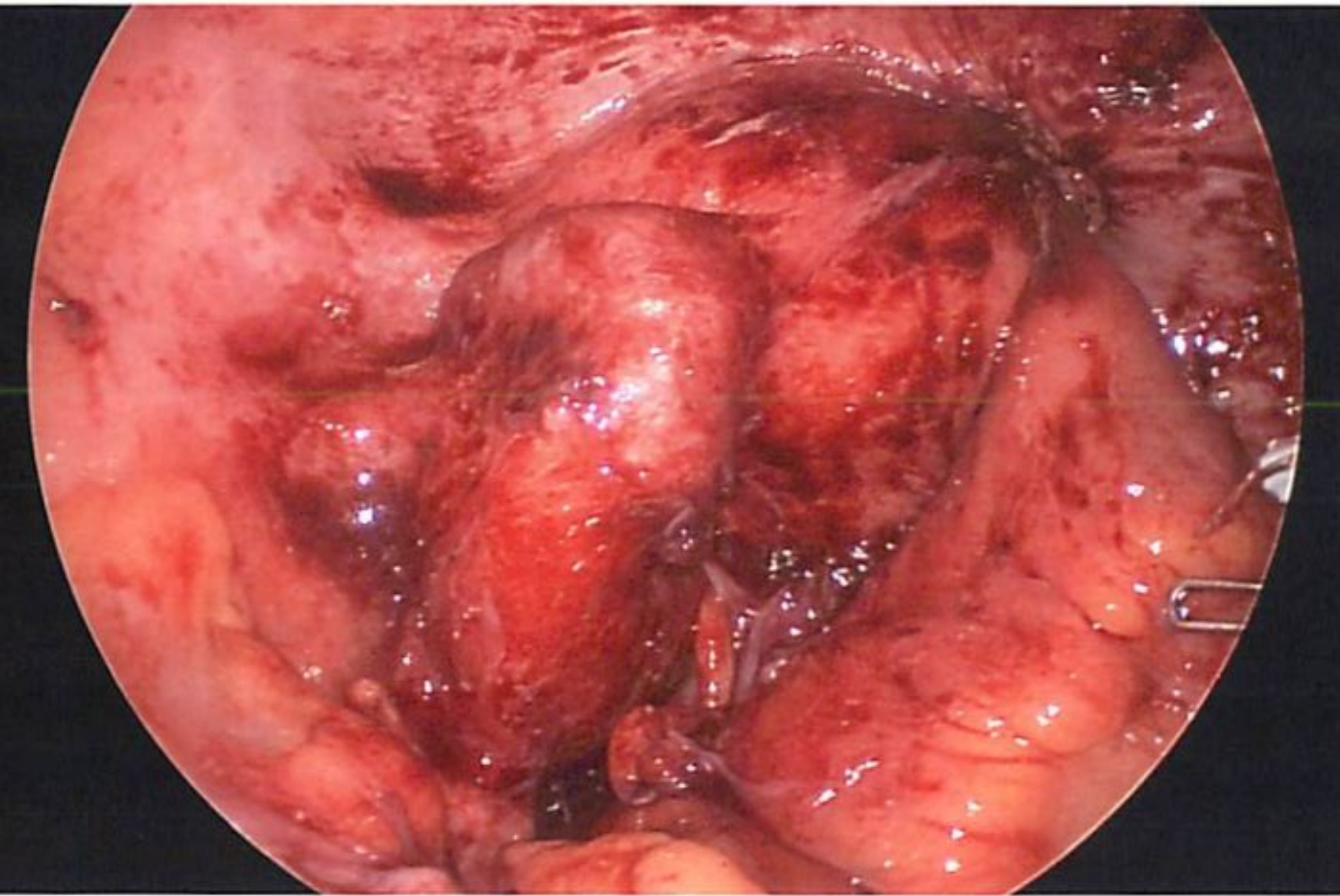


3 ovary not visualized · 2 inclusion cyst replacing ovarian tissue



25%

required surgical intervention (14 / 57)

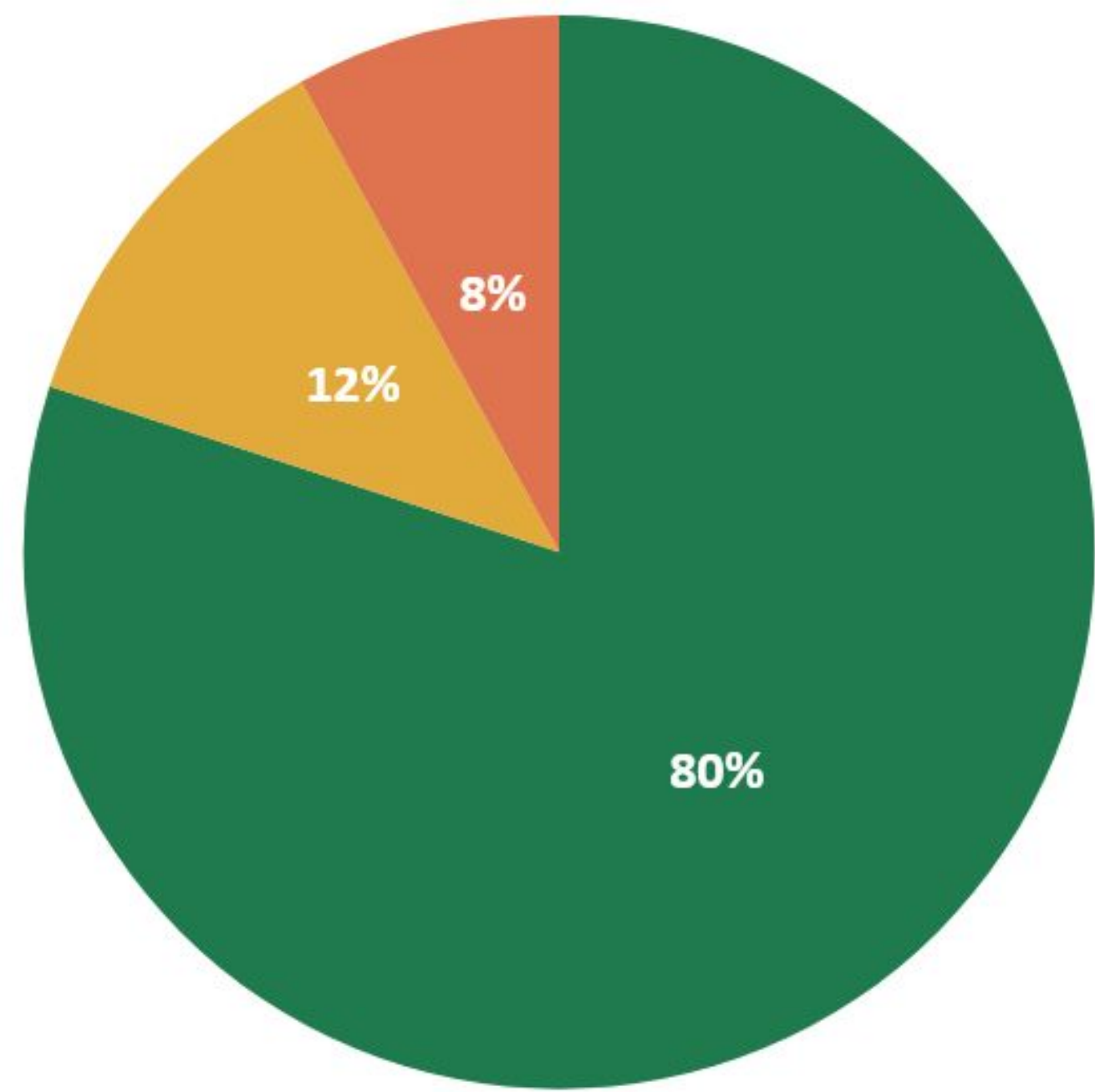
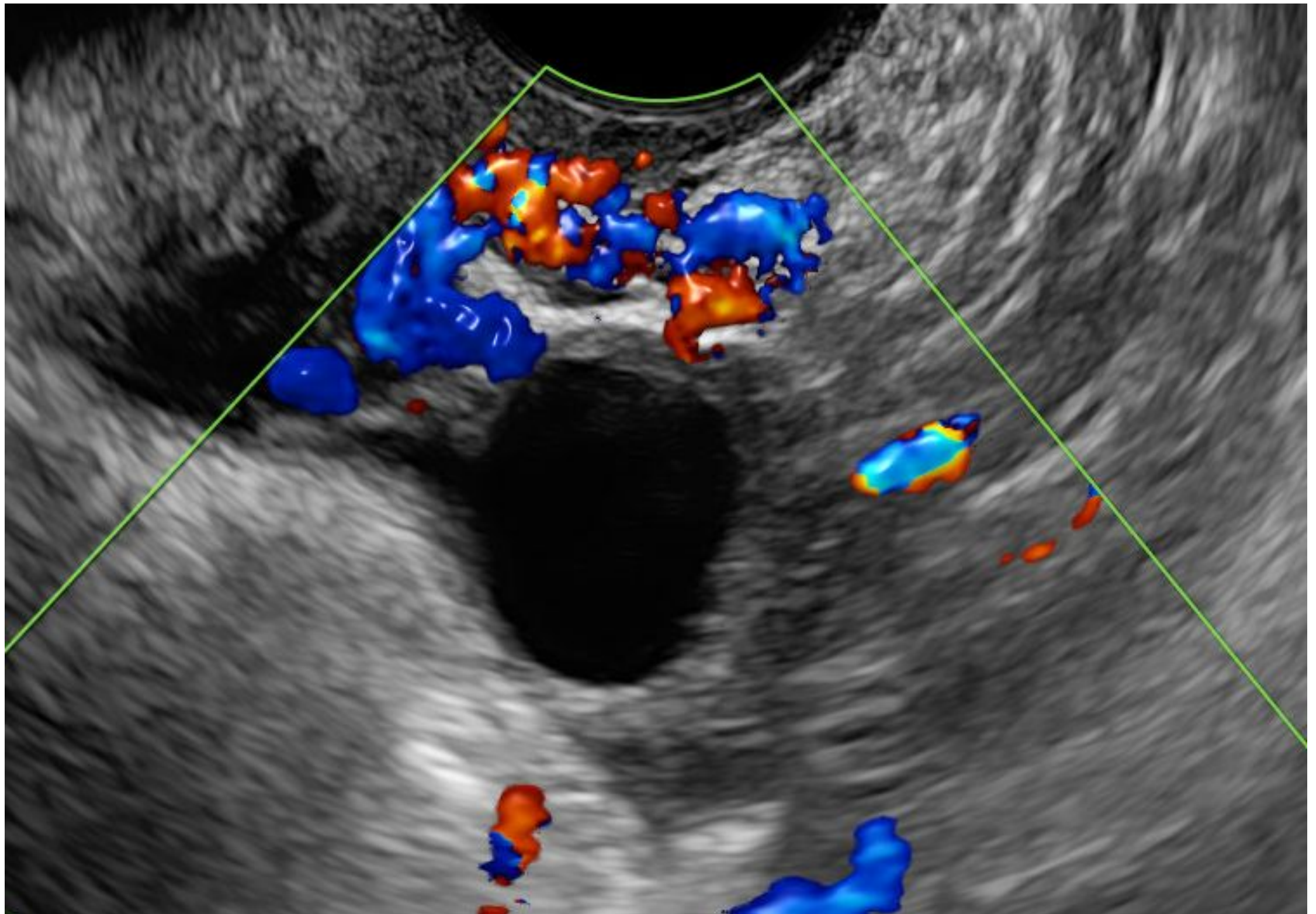


- Worsening clinical course (4)
- Recurrent TOA (4)
- Persistent symptomatic mass (3)
- New chronic pelvic pain (3)



80%

retained follicular activity (20 / 25)



- Follicular activity (20)
- Ovary not visualized (3)
- Inclusion cyst replacing ovarian tissue (2)



CONCLUSION After percutaneous drainage of TOA, roughly 1 in 4 patients (25%) ultimately require surgical intervention. Among those managed without surgery, the majority preserve ovarian function — follicular activity was documented on the affected side in 80% of imaged patients.