

A 24 Month Audit to examine outcomes associated with Tubo-ovarian abscess

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Aims

To examine the **management** and **outcomes** of patients with Tubo-ovarian abscesses (TOAs) to help guide local practice.

Introduction

- TOAs are defined as inflammatory masses that can occur with an infection of the ovaries and fallopian tubes [1](#).
- Management includes **medical** therapy with antibiotics, or **surgical** or imaging-guided drainage.
- There is no national guidance on the management of TOAs however, and so the treatment course can vary from clinician to clinician.

Methods

- The audit examined retrospective data from January 2023 to December 2024 from a **single centre, Royal Cornwall Hospital (RCH)**
- Clinical coding identified 127 patient records with the terms: salpingitis and oophoritis, chronic salpingitis and oophoritis and hydrosalpinx.
- Electronic notes were analysed to identify only those with an acute admission with a TOA or ultrasound markers of a pyosalpinx.
- Patients with chronic TOAs were excluded.
- The clinical notes of each patient were then examined.

Patient Demographics

	Conservative	Surgical
Mean age of patient	42	40
Mean length of stay	6.3 days	7 days
Mean diameter of TOA	65mm	67mm
Mean WCC Count	16	17

Results

	Conservative mx n=16	Surgical mx n=20
Scan findings of complete resolution	56% (n=9)	40% (n=8)
Readmission for Antibiotics	25% (n=4)	10% (n=2)
Readmission for Surgical mx	6% (n=1)	15% (n=3)
Did not follow up/ no data	12.5% (n=2)	35% (n=7)

Results

- In a 24 month period, we identified **36 patients** admitted to RCHT with an acute presentation of a TOA or pyosalpinx.
- No patients at RCH were managed by interventional radiology.
- **Only 5.6% were positive for chlamydia**; the rest were negative for both Chlamydia and Gonorrhoea
- **56% of patients managed conservatively** were shown to have complete resolution on ultrasound as opposed to **40% with surgical management**. However, in those managed surgically, less were followed up with repeat USS to ensure resolution.

Conclusion

- Management of TOAs can be further standardised locally – for example by advising that every patient gets a **follow up scan** at a certain number of weeks post discharge.
- Classical sexually transmitted infections were found uncommonly - therefore broad spectrum antibiotics are always necessary.
- There were no differences in outcomes between surgical and conservative management - from this audit we would recommend that management is individualised, and surgical management used only in severe sepsis, or if there is no initial response to antibiotics.

References:
1) Bridwell, R.E., Koyfman, A. and Long, B., 2022. High risk and low prevalence diseases: tubo-ovarian abscess. *The American Journal of Emergency Medicine*, 57, pp.70-75.