

Ultrasound Assessment and Predictors of Antibiotic Failure in Tubo-Ovarian Abscess

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INTRODUCTION/BACKGROUND

A tubo-ovarian abscess is an an inflammatory mass that forms during infection of the adnexa and, sometimes, other adjacent organs. It is a serious complication of PID that can endanger patients fertility and lives.(1)
Initial management typically involves broad-spectrum antibiotics. However, surgical intervention or image-guided drainage may be necessary for bigger abscesses or those that do not respond to antibiotics. (2)

OBJECTIVES/AIMS

To evaluate the effectiveness of exclusive antibiotic treatment for tubo-ovarian abscesses and identify factors associated with treatment failure.

METHODS

A cross-sectional, descriptive, retrospective study.
The study analyzed 50 cases of patients with tubo-ovarian abscess treated with antibiotics, collected over a three-year period (January 2019 to January 2022). Factors such as inflammatory markers, abscess size, and clinical outcomes were reviewed.

RESULTS

Antibiotic treatment alone was effective in 30 patients (60%), while 20 required secondary abscess drainage. Significant risk factors for treatment failure included an initial white blood cell count > 15,000/mm³, a CRP level > 160 mg/L, and persistent elevations in these markers after 48 hours of antibiotics. Ultrasound showed abscess sizes < 45 mm in successfully treated cases, while abscesses > 70.5 mm were linked to failure.



CONCLUSIONS

Recognizing predictive factors for antibiotic treatment failure, such as inflammatory markers and abscess size, can improve patient selection for exclusive medical management, enhancing outcomes and reducing risks.

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