

William Alley, MD  
 Eastern Virginia Medical School  
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### Packing Abscesses: Good Medicine or Just Plain Mean?

P-In patients with cutaneous abscesses  
 I- Does incision and drainage only  
 C- Compared with incision and drainage plus packing  
 O- Result in worse outcomes or pain?

Three part question:

In [patients with cutaneous abscesses], does[ incision and drainage only compared with incision and drainage plus packing] result in [worse outcomes or pain]?

Author, date, and country	Patient group	Study type	Outcomes	Key results	Study weaknesses
Simms et al 1982 UK	114 ED patients 54 I+D, sutured 60 I+D, packed	PRCT	Mean time to healing	Sutured group: 8.9days Packed group: 7.8 days	Not blinded Small trial Single dose of clinda
Steward et al 1985 UK	137 surgical outpatients 64 I+D, sutured 73 I+D, packed	RCT	Mean time to healing  Mean time off work	Sutured: 7 days Packed: 25 days Sutured: 4 days Packed: 14 days	Not blinded  Consultant care
Barnes and Milsom 1988 UK	1943 ED patients Sutured: 891 Packed: 301	Review	Time to wound healing Recurrence rate	Sutured: 6.5-21 days Packed: 7.8-35 Sutured : 6.6-22% Packed: 13.5-35%	
Sorensen et al Denmark 1987	60 Surgical outpatients  10 excluded due to fistula or abscess >10cm	PRCT	Mean time to healing	Sutured: 9 days Packed: 15 days	Small numbers  Consultant care  Single dose ceftazidime
Abrahams et al 1997 Australia	61 surgical patients 32 I+D, sutured 29 I+D, packed	PRCT	Healing rate<1week  Healing rate at 1 mon	Sutured: 78% Packed: 3% Sutured: 88% better, with better scar and less pain Packed: 90% better	Not blinded  Consultant care
O'Malley et al 2007 USA	40 ED patients 20 I+D 20 I+D, packed	PRCT	Healing at 48 hours  Pain at 48 hours	Nonpacked:23.5% required repeat intervention Packed:26% required repeat intervention Nonpacked: 26 Packed: 54.4 (and used 2x more ibuprofen, 4x more narcotic)	Pilot study  Not blinded  TMP-SMZ course  Only short-term follow up
Tonkin et al 2004 Australia	50 surgical outpatients with perianal abscess  20 I+D, packed POD1 23 I+D, left open POD1	PRCT	Healing time  Morphine requirement postoperatively Pain scores  Recurrence  Fistula rates	Nonpacked: 21 days Packed: 24.5 not sig. Nonpacked: 5 Packed: 10 not sig "Comparable" Nonpacked: 3 Packed: 1 not sig. Nonpacked: 2 (8.7) Packed: 4 (20%) not sig.	Small numbers  Consultant care  All abscesses initially packed for hemostasis  8 patients only followed up by phone

**Clinical Bottom Line:** Multiple small studies have been done on this topic, each showing that not packing abscesses and either suturing the incision or allowing the abscess to drain dependently and close spontaneously is at least equal to the more conventional method. Several studies show trends, though not statistically significant differences, toward decreased healing times by not packing the abscess cavity. At the same time, no recent studies are available that show that the more conventional method is superior. Additional study needs to be done to definitively say that not packing abscesses after I+D is superior. Considering the difficulties and patient discomfort associated with repacking case specific decisions not to re-pack may be the more appropriate course of action.

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