Diagnosis of Abscess



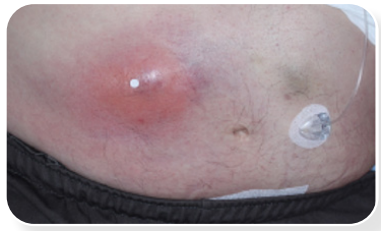
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Characteristics

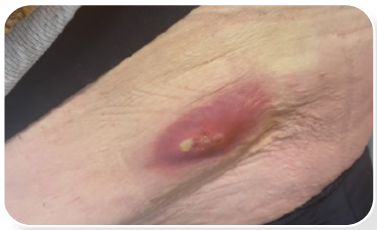
- **Abscess**: collection of pus that has built up within the tissue of the body.[1]
- **Abscesses** present as a **localized, swollen, red, and painful area**, often **warm to the touch** and **sometimes with a visible pus-filled centre**.[1]
- Abscess may feel as though it is **filled with fluid or "boggy"** if it is pressed (fluctuates).[1]
- Area of redness is often bigger than the area of swelling.[2]
- Pain, fever and chills may also be present.[1]

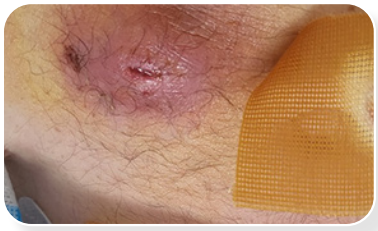
Causes

- **Abscesses** are usually caused by bacterial infections, with many different types of bacteria as possible etiologic agents.[2-4]

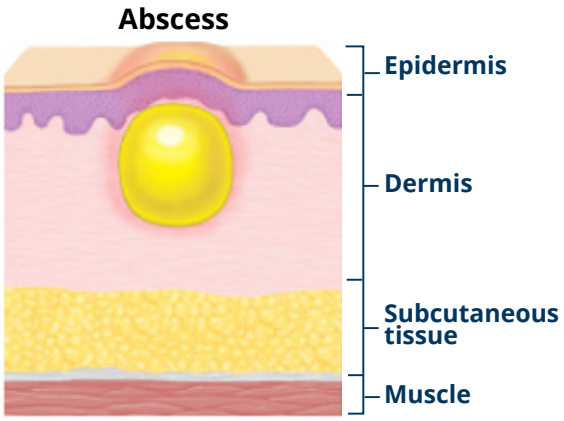












1. Singer AJ, Talan DA. Management of skin abscesses in the era of methicillin-resistant *Staphylococcus aureus*. *N Engl J Med*. 2014;370(11):1039-1047; 2. Tidy C, Willacy H. Abscess. Patient.info. Last updated September 26, 2023. Accessed November 27, 2024. https://patient.info/infections/abscess-leaflet; 3. Bush LM. Abscesses. MSD Manual Professional Edition. Reviewed/Revised July 2024. Accessed November 27, 2024. https://www.msdmanuals.com/professional/infectious-diseases/biology-of-infectious-disease/abscesses?query=abscess; 4. The Manual's Editorial Staff. Folliculitis and skin abscesses. MSD Manual Consumer Version. Reviewed/Revised November 2023. Accessed November 27, 2024. https://www.msdmanuals.com/home/quick-facts-skin-disorders/bacterial-skin-infections/folliculitis-and-skin-abscesses.

Expert Insights: Nodule vs. Abscess and Management

Assess/Observe
No pain, redness, fever, drainage → probable subcutaneous **nodule**

Consider
- **Ultrasound**
  - Diagnostic purposes/differential diagnoses
- **Massaging in circular motion 10 min/day**
- **Not using this site again until nodule resolved completely**
- **Monitoring for development of redness, increasing size, pain, fever**

Assess/Observe
Associated with fever, increasing redness/pain → possible **infection/abscess**

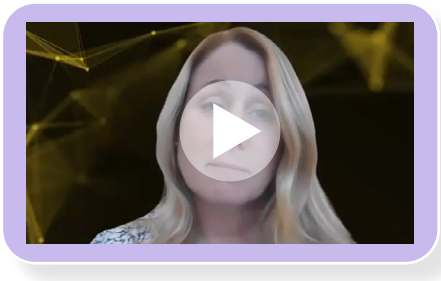
Consider
- **Ultrasound**
  - Diagnostic purposes/differential diagnoses
- **Culture drainage**
- **Antibiotic, incision and drainage**
  - Initiate similar oral/IV antibiotic regimen for cellulitis, such as cephalosporin (cephalexin) or penicillin (amoxicillin or cloxacillin), depending on criteria
  - Antibiotic for MRSA coverage (trimethoprim-sulfamethoxazole, doxycycline, minocycline, clindamycin)
- **Arranging to see patient/referral**

Abscess Management



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Nodules vs. Abscesses

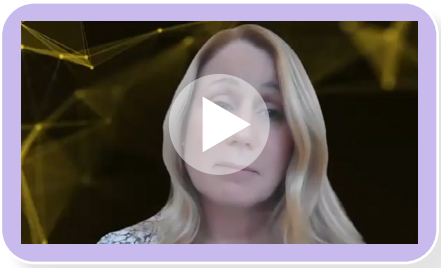


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Debra Johnston, RN
Lynne H. Robertson, Dermatologist

Expert Opinion, Dr. Lynne H. Robertson, October 2024.
IV, intravenous; MRSA, methicillin-resistant *Staphylococcus aureus*.

Management of Abscess

- Prompt identification and **cut/drainage of abscesses** are essential to prevent systemic spread.[1]
- **Send sample of drained pus for bacterial cultures**. It is critical for guiding targeted antibiotic therapy, if needed.[1]
- Red flags, such as **fever, chills, worsening redness, or persistent pain**, should prompt immediate medical attention to rule out systemic involvement or complications.



Expert insights video. Click to view
Debra Johnston, RN

1. Stevens DL, Bisno AL, Chambers HF, et al; Infectious Diseases Society of America. Practice guidelines for the diagnosis and management of skin and soft tissue infections: 2014 update by the Infectious Diseases Society of America. Clin Infect Dis. 2014;59(2):e10-e52.

Infectious Reaction: Care Plan

At insertion of cannula, a localized, swollen, red, and painful area, often warm to the touch and sometimes with a visible pus-filled centre

Consider

1. Prompt identification and ultrasound for diagnostic purposes/differential diagnoses
2. Cut/drainage of abscess
3. Culture drainage for bacterial cultures to guide antibiotic therapy
4. Initiating similar oral/IV antibiotic regimen for cellulitis, cephalosporin (cephalexin) or penicillin (amoxicillin or cloxacillin), depending on criteria and/or MRSA coverage (trimethoprim-sulfamethoxazole, doxycycline, minocycline, clindamycin)

Skin reaction is accompanied by fever, chills, general malaise, fatigue, persistent pain or other systemic symptoms

Ensure

1. **Immediate medical attention**

Plan of Action:

Roles and Responsibilities:

IV, intravenous; MRSA, methicillin-resistant *Staphylococcus aureus*.