



AB154. SOH23ABS_234. A systematic review and meta-analysis of contemporary management of perianal abscess: to pack or not to pack

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Background: Traditional management of perianal abscesses involves incising the skin over the abscess to drain the abscess and allow wound irrigation. Following drainage an internal dressing is applied (packing) and is changed regularly until the abscess has healed by secondary intention. More contemporary perianal management strategies such as refraining from regular post-operative packing have shown promising results. The aim of this study was to synthesize the evidence for packing perianal abscesses compared to non-packing.

Methods: This study was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. Prospective registration was performed on PROSPERO (CRD42022368805). A systematic review was performed for studies reporting on risk of abscess recurrence, fistula formation and pain in packing/non-packing cohorts. Meta-analysis was performed using RevMan version 5.

Results: Seven studies, comprising 995 patients, were included in the final analysis. There were 559 included in the packing cohort and 436 in the non-packing cohort. There was no statistical difference in perianal recurrence rates between the packing and non-packing groups in the four included studies [odds ratio (OR) =0.58, 95% confidence interval (CI): 0.27–1.26, P=0.17]. Similarly, there was no difference in fistula rates between the packing

and non-packing cohorts (OR =1.54, 95% CI: 0.94–2.52, P=0.09). Three studies compared packing to De Pezzer catheter insertion and there was no difference in fistula rates between the two cohorts. Pain scores were significantly higher in the packing group compared to the non-packing group (OR =2.03, 95% CI: 1.23–3.35, P=0.006).

Conclusions: Non-packing of perianal abscess cavities is less painful than packing, without an obvious increase in perianal fistula and abscess recurrence.

Keywords: Perianal abscess; meta-analysis; packing; systemic review; anal fistula

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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