Randall Children's Hospital

Co-Management and Referral Guidelines
Management of Perianal Abscess in Infancy
Randall Children's General Surgery

Phone: **503-413-4300**
Fax: **503-413-5301**

Introduction

Perianal abscess formation in infants less than 1 year of age is relatively common and idiopathic in nature. They occur almost exclusively in males and incidence peaks with rising postnatal testosterone levels (3–6 months of age). A small percentage of infants with a perianal abscess will also have a fistula-in-ano. Systemic symptoms of infection are rare, and most cases can be treated in an outpatient clinic setting. Treatment is aimed primarily toward symptomatic relief. In general, drainage is not required and may lead to increased risk of fistula-in-ano development. Perianal abscess should be distinguished from the now-common MRSA buttock/perineal abscess, which is found some distance from the anus and affects the skin and soft tissue.

Evaluation and Management

Evaluation

- The diagnosis of perianal infections is made by visual inspection of the perineum and perianal skin. A focal erythematous area in the soft tissue around the anus is diagnostic. The lesion initially may not be particularly tender or fluctuant.
- Digital rectal examination is usually not necessary unless there is a concern for deep space infection (ischiorectal abscess), which would be rare in this age group.
- History and physical exam should include evaluation for systemic symptoms including fever, malaise, feeding difficulties and other findings to suggest that the child is immunocompromised.
- Imaging is not typically indicated.

Note: while older children can also have perianal or perirectal abscesses without predisposing conditions, these children may have underlying inflammatory bowel disease or a immunocompromising condition.

Treatment

Recommended management for initial and recurrent perianal abscesses:

1. Sitz baths (warm water and soap) and/or warm compresses TID for 14 days.
2. Warm water and soap with diaper changes for 14 days. No diaper wipes.
3. Antibiotics at provider discretion.
   - First choice recommendation: Augmentin (30 mg/kg/day of amoxicillin divided BID) for 7 days.
   - If concern for MRSA, Bactrim (15 mg/kg/day of the trimethoprim component divided BID) for 7 days or Clindamycin (30 mg/kg/day divided TID) x 7 days in children with sulfa allergy or under 2 months of age.
   - Note: TMP/SMZ should be avoided in children less than 2 months of age.

(continued)

When to refer

All infants with perianal infections not improving with oral antibiotics and local care, and infants with extreme local discomfort should be referred to a pediatric general surgeon for evaluation.

Urgent referral

- Any infant with perianal infection not improving on antibiotics and warm compresses or sitz baths and who is systemically ill (fever >38° C, poor appetite) should be referred to the pediatric general surgery office for consideration of drainage.
- Infant should be made NPO in anticipation that surgical drainage may be required.
- Contact on-call pediatric general surgeon after hours via Legacy One Call Consult & Transfer.

Routine referral

- Persistent infection in an infant who otherwise has no outward signs of systemic illness should be referred to the pediatric general surgery office for evaluation.
- Children with known conditions that predispose to perianal infections (Crohn's disease, leukemia) and those over 2 years of age should routinely be referred for surgical evaluation

Referral process

Randall Children's General Surgery

To make a referral, refer via Epic or **fax the Randall Children's Hospital–Specialty Referral form** to **503-413-2419** (Oregon) or **360-487-1033** (Washington).

For urgent referrals, call Legacy One Call Consult & Transfer: 1-800-500-9111 to speak with the on-call pediatric general surgeon.

Marilyn Butler, MD
Cynthia Gingalewski, MD
Mubeen Jafri, MD
Kelli Kolstad, CPNP
Katrine Lofberg, MD
Alicia McIntire, CPNP

Additional Resources

Christison-Lagay E, Hall J, Wales PW, et al. Nonoperative management of perianal abscess in infants is associated with decreased risk for fistula formation. Pediatrics. 2007; 120 e 548. **http://pediatrics.aappublications.org/content/120/3/e548.full**

Charalampopoulos A, Zavras N, Kapetanakis EI, et al. Surgical treatment of perianal abscess and fistula-in-ano in childhood, with emphasis in children older than 2 years. Journal of Pediatric Surgery. 2012; 47; 2096-2100. **http://www.ncbi.nlm.nih.gov/pubmed/23164005**

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Find this and other co-management/referral guidelines online at: **legacyhealth.org/randallguidelines**

RANDALL CHILDREN'S HOSPITAL
LEGACY EMANUEL

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