**POST-OPERATIVE ANTIBIOTICS PRESCRIPTION FOR PERI-ANAL ABSCESSES: INTERNATIONAL MICROGUIDELINES REQUIRED**

Dear Editor,

Perianal abscesses constitute a significant proportion of the general surgeon’s emergency workload. Patients commonly present with pain, swelling or signs of local and systemic sepsis. Management revolves around prompt surgical drainage of infection under general anaesthetic [1]. Traditionally, antibiotics were only indicated for certain local complications such as cellulitis or skin necrosis as well as for systemic complications or comorbidities such as diabetes mellitus, immunocompromising conditions, and sepsis.

There are limited national or international guidance of postoperative prescription of antibiotics for uncomplicated cutaneous abscesses to date. The Association of Coloproctology of Great Britain and Ireland (ACPGBI) recommended the incision and drainage of perianal abscesses within 24 hours with no indication for postoperative antibiotics prescription for uncomplicated perianal abscesses [2]. It was previously concluded that antibiotics for cutaneous abscesses provide a modest reduction of the risk of treatment failure, recurrence, additional surgical procedures, and hospitalization, but can reduce pain during treatment [3]. The decision whether or not to use antibiotics should consider individual patient’s clinical factors (e.g., severity of infection, immunocompromised state) and individual values and preferences [3]. In addition, avoiding unnecessary antibiotic use is critical to protecting patients from harmful side effects and combating antibiotic resistance.

We carried out single-centred case series analysis of patients’ records from emergency surgical admissions for incision and drainage of perianal abscess over a 6 month period. The present study included 36 patients, (mean age 41.26, 61% men). A total of 24 pre-operative antibiotics and 20 post-operative antibiotics were used. Indications for antibiotic therapy in the group with perianal abscess included diabetes, immunocompromised state, local complications (necrosis, cellulitis) and recurrence. There was no clear indication for antibiotics in 60% of patients who received them. Altogether 86% of patients received surgical drainage within 24 hours of presentation. One patient was readmitted for a second drainage 3 months later for recurrent sepsis. Most common empirical antimicrobial agent used was co-amoxiclav, followed by a combination of co-amoxiclav and metronidazole *(Table 1).*

Although surgical drainage was generally carried out in a timely manner in our study according to the national guidance, there was unnecessary prescriptions of post-operative antibiotics. Therefore, an enhanced awareness of national and international guidelines to improve antibiotic stewardship in surgical patients remains awaited. Putting also into consideration certain geographic areas worldwide where antibiotics are expected for perianal abscesses where parasitic infections are common. Cooperation with microbiologists for development of standardized evidence-based treatment protocol for management in surgical patients with perianal abscess is envisaged.

**Conflict of interest statement:**

The authors declare no conflict of interests.

**References**

1. Sigmon DF, Emmanuel B, Tuma F. Perianal Abscess. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK459167/

2. Law J, Senapati A. Recommendations for the Management of Anorectal Abscess. ACPGBI Emergency General Surgery Working Group. 2018. Available from: <https://www.acpgbi.org.uk/content/uploads/2018/11/Anorectal-abscess-pathway.pdf>

3. Wang W, Chen W, Liu Y, Siemieniuk R, Li L, Martínez J, et al. Antibiotics for uncomplicated skin abscesses: systematic review and network meta-analysis. 2018. BMJ open 2018; *8*(2), e020991. <https://doi.org/10.1136/bmjopen-2017-020991>