

Static screenshot of the fully-expanded graphic

Contextual information, which will only be provided when viewer interacts with these elements (by hovering the mouse or touching the screen)

Population

This recommendation applies to almost all patients with skin abscesses:

- Children and adults
- Smaller and larger abscesses
- Unknown or unconfirmed pathogens
- Emergency and primary care settings

However the recommendation is **not** applicable to patients with:

- Evidence of systemic illness (sepsis)
- Pustules and papules
- Deep tissue infections
- Hidradenitis suppurativa
- Immunocompromising conditions
- Patients who do not undergo incision and drainage

Comparison 1

No antibiotics (Incision and drainage alone) OR **Antibiotics** (Incision and drainage plus trimethoprim and sulfamethoxazole or clindamycin)

Applies to: All

Strength: Strong (Antibiotics) / Weak (No antibiotics)

Recommendation: We suggest TMP-SMX or clindamycin plus incision and drainage rather than incision and drainage alone. Discuss both options with each patient.

Comparison of benefits and harms

Outcome	No antibiotics	Antibiotics	Evidence quality
Outcomes (1 month)	Events per 1000 people	Events per 1000 people	
Treatment failure	90	47 fewer	High
Recurrence	129	63 fewer	Moderate
Invasive infections	4	No important difference	Moderate
Outcomes (3-4 days)	Events per 1000 people	Events per 1000 people	
Pain/Tenderness	559	68 fewer	Moderate
Side effects (TMP-SMX)	Events per 1000 people	Events per 1000 people	
Gastrointestinal side effects	65	21 fewer	Moderate
Nausea	24	11 fewer	Moderate
Diarrhoea	67	No important difference	Moderate
Side effects (clindamycin)	Events per 1000 people	Events per 1000 people	
Gastrointestinal side effects	90	95 fewer	Moderate
Nausea	24	No important difference	Moderate
Diarrhoea	67	96 fewer	Moderate

Key practical issues

Issue	No antibiotics	Antibiotics
Practical issues	No practical issues	Typically taken 2-3 times daily, for 5-10 days
Preferences and values	Different people probably place different values on the expected consequences (both desirable and undesirable) of taking antibiotics. Different individuals are likely to choose different treatment options. Shared decision making is needed to elicit these values and preferences.	
Antibiotic resistance		Antibiotic use increases antibiotic resistance in the community and in recurrent infections in the individual. However, the impact of a single course of antibiotics is very uncertain.

Benefits outweigh harms for the majority, but not for everyone. The majority of patients would likely want this option

Benefits outweigh harms for almost everyone. All or nearly all informed patients would likely want this option

The panel found that this difference was not important for most patients, because the intervention effects were negligible and/or very imprecise (such as statistically not significant)

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Comparison 2

For patients who have chosen to initiate antibiotics:

Trimethoprim and sulfamethoxazole or clindamycin OR **Cephalosporins** (First and second generation cephalosporins)

Applies to: Those initiating antibiotics

Strength: Strong (Trimethoprim and sulfamethoxazole or clindamycin) / Weak (Cephalosporins)

Recommendation: We recommend trimethoprim and sulfamethoxazole or clindamycin over cephalosporins.

Comparison of benefits and harms

Outcome	Trimethoprim and sulfamethoxazole or clindamycin	Cephalosporins	Evidence quality
1 month Treatment failure	119	162 fewer	Moderate
1 month Treatment failure	109	171 fewer	Moderate
1 month Treatment failure	180	No important difference	Moderate

Key practical issues

Issue	Trimethoprim and sulfamethoxazole	Cephalosporins
Practical issues	2 pills, 2 times per day Typically less expensive	1 pill 2-4 times per day Typically more expensive
MRSA	This strong recommendation applies to the most common situation where the risk of methicillin-resistant Staphylococcus aureus is more than 10%.	
Adverse effects	Adverse effects differ between antibiotics.	
Evidence interpretation		The basis for this recommendation is that cephalosporins are probably less effective than TMP-SMX and clindamycin and they may not be more effective than placebo.

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Comparison 3

For patients who have chosen to initiate antibiotics:

Clindamycin OR **Trimethoprim and sulfamethoxazole**

Applies to: Those initiating antibiotics

Strength: Strong (Trimethoprim and sulfamethoxazole) / Weak (Clindamycin)

Recommendation: We suggest trimethoprim and sulfamethoxazole over clindamycin. Discuss with patients in shared decision making.

Comparison of benefits and harms

Outcome	Clindamycin	Trimethoprim and sulfamethoxazole	Evidence quality
1 month Treatment failure	109	119	High
Early recurrence	68	67 fewer	Low
Diarrhoea	162	109 fewer	High
Nausea	23	43	Moderate

Key practical issues

Issue	Clindamycin	Trimethoprim and sulfamethoxazole
Practical issues	2 pills, 3 times per day Typically more expensive	2 pills, 2 times per day Typically less expensive
Preferences and values	Different people probably place different values on the expected consequences (both desirable and undesirable) of taking antibiotics. Different individuals are likely to choose different treatment options. Shared decision making is needed to elicit these values and preferences.	
Antibiotic resistance		Consider local resistance patterns when choosing the antibiotic as susceptibility patterns can differ substantially.

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