

POST-BCG AXILLARY ABSCESS : RESULTS OF EXCISION VS SIMPLE DRAINAGE

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ABSTRACT : A prospective study was carried out in 80 patients with axillary abscess following BCG vaccination to compare the results of surgical excision versus incision and drainage, together with six months anti-tuberculous chemotherapy in both groups. Four (10%) out of 40 patients who underwent simple incision and drainage required re-operation for residual lymph glands and/or persistent sinuses. On the other hand all 40 cases who underwent total excision had no postoperative problem.

KEY WORDS : BCG Vaccination, Tuberculous abscess, Treatment.

INTRODUCTION

It is not uncommon to see post-BCG vaccination axillary lymphadenitis and abscess formation, requiring surgical intervention with anti-tuberculous chemotherapy. A lot of controversy exists regarding the treatment of tuberculous cervical lymphadenitis/abscess by simple drainage or total excision¹⁻⁵. We have conducted a prospective study on the treatment of post-BCG axillary abscess, comparing the results of total excision against simple incision and drainage, together with anti-tuberculous chemotherapy.

PATIENTS & METHODS

From July 1989 to June 1994, 300 patients presented to the Department of Surgery, Liaquat Medical College with tuberculous lymphadenopathy. Majority of them had involvement of cervical lymph nodes while 80(26.6%) who had axillary abscess following BCG vaccination were included in this study. All cases were admitted, worked up and then operated under general anaesthesia. In half the cases (40) simple incision and drainage was done while the remaining half (40) underwent total excision with primary closure of the wound. In all cases, pus was sent for microscopy and culture of pyogenic organisms, and biopsy specimen for histopathology. Culture of mycobacteria could not be done due to non-availability of facilities in our hospital. Anti-tuberculous chemotherapy (triple regimen) was started in all cases after confirmation of diagnosis and continued for 6

months. All patients were followed-up regularly for six months. Wound healing was noted in all cases. Whenever any sinus formation or residual tuberculous nodes were noted, excision was performed.

RESULTS

All cases were children from six months to two years of age, 26 were males and 54 females, male to female ratio being 1:2.1 (Table 1) Culture for pyogenic bacteria was negative in all cases. Out of 40 patients who underwent simple incision and drainage, four (10%) required re-operation for residual nodes and persistent sinuses. In all patients (40) who underwent complete excision and primary wound closure, the wound healed completely within four weeks. None of them had any postoperative complication. At the end of six months of anti-tuberculous chemotherapy no patient had any evidence of residual disease.

Table 1. Distribution of Patients (n-80)

Parameter	Incision & Drainage n-40	Total Excision n-40
Age		
≤12 months	12	14
13-24 months	28	26
Sex		
Males	10	16
Females	30	24

DISCUSSION

Tuberculosis is very commonly seen in developing countries. BCG vaccination is used to provide immunity against tuberculosis and it has been recommended to use it as soon as possible after birth⁶. However, the degree of protection provided by BCG is very variable, from 80% to nil⁷. The role of BCG in epidemics cannot be denied, an epidemic was reported by Hill and Stevenson⁸ in which out of 41 cases of tuberculosis only seven were vaccinated with BCG.

Lymphadenopathy is the commonest form of extrapulmonary tuberculosis⁹. The natural history of tuberculous lymphadenopathy has been well described by Jones and Campbell¹⁰. In tuberculous abscesses, simple drainage is preferred by many workers^{9,11} along with chemotherapy to deal with the residual disease. However, this treatment may be inadequate in some cases and requires further surgery¹². In this series incision and drainage was adequate in 90% of the cases, though further surgery was required in four (10%) cases with persistent sinuses or wound healing problem. In a series¹³ of drainage of tuberculous cervical abscesses, 30% cases needed further surgery thus proving that total excision is a better procedure than simple drainage.

CONCLUSION

On the basis of the results of this study we conclude that total excision of post-BCG axillary abscess is an effective method of treating the condition, without any untoward operative and postoperative complications.

NOTE

This article was accepted on 20.2.1995, but got mislaid during transfer of editorship to Lahore.

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