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**

- 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.

**Treatment**

Initial therapy for patients with modest disease:

1. Oral antibiotics. TMP/SMZ (15 mg/kg/day of the trimethoprim component divided BID-TID) or Keflex (50 mg/kg/day divided TID). A one-week course is usually sufficient. With a personal or close family history of MRSA infections, use TMP/SMZ or clindamycin (30 mg/kd/day divided TID). Note: TMP/SMZ should be avoided in children less than 2 months of age.
2. Warm compresses or sitz baths every 6 hours and after a bowel movement
3. Avoid using baby wipes. Use warm water and soap to cleanse the perianal area.
4. Topical Neosporin with diaper changes

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 >101°, 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.

(continued)
**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.
- Referrals will be seen within 1–2 days.

**Randall Children’s General Surgery**

Phone: **503-413-4300**  
Fax: **503-413-5301**  
For urgent referrals, call Legacy One Call Consult & Transfer: **1-800-500-9111** to speak with the on-call pediatric general surgeon.

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**Additional Resources**

[http://pediatrics.aappublications.org/content/120/3/e548.full](http://pediatrics.aappublications.org/content/120/3/e548.full)


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Find this and other co-management/referral guidelines online at: [www.legacyhealth.org/randallguidelines](http://www.legacyhealth.org/randallguidelines)