



## Duration of Therapy in Uncomplicated Intra-Abdominal Infections without Source Control

Duration of antimicrobial therapy in intra-abdominal infections (IAI) is guided by good [source control](#) (surgery, percutaneous drains). However, there are instances (e.g., acute [diverticulitis](#) and appendicitis) where source control procedures are not needed.<sup>1</sup> How long should antibiotics be administered in patients with uncomplicated intra-abdominal infection when a source control procedure is not performed?

### What do guidelines recommend?

The 2017 Surgical Infection Society IAI guidelines recommend limiting antimicrobial therapy to 5-7 days in clinically stable patients with uncomplicated IAI in whom a definitive source control procedure was not performed. If clinical stability is not achieved (i.e., presence of fever, leukocytosis, impaired bowel function), patients should be re-assessed for possible source control interventions.<sup>1</sup> In patients with diverticulitis that do receive antibiotics, the American College of Gastroenterology has suggested 4 – 7 days, but notes that duration can be longer and based on general health status, immune status, illness severity, imaging findings, and patient expectations.<sup>2</sup>

### What is the evidence?

Limited data on the optimal duration of treatment for intra-abdominal infections where a source control procedure is not performed exists, but in general demonstrate that shorter durations are equally as effective as longer. A systematic review of conservative antibiotic management of acute, uncomplicated appendicitis (n=2,944) saw a total duration of antibiotics that ranged from 4 to 15 days. While antibiotics were most commonly administered between 7-10 days, shorter durations of therapy did not appear to be associated with treatment failure.<sup>3</sup>

**Key Takeaway:** Antimicrobials can be limited to 5-7 days for clinically stable patients with uncomplicated intra-abdominal infections not requiring source control procedures. Patients who do not achieve clinical stability after 5- 7 days should be re-evaluated for a source control procedure.

### References:

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