International Surgery Journal
*Bancod R et al. Int Surg J. 2025 May;12(5):694-700*
http://www.ijsurgery.com
pISSN 2349-3305 | eISSN 2349-2902

DOI: https://dx.doi.org/10.18203/2349-2902.isj20251161

**Original Research Article**

# Retro-prospective review of abscess epidemiology and its management in Western subdivisional hospitals in Fiji

**Robert Bancod[1], Abhijit Gogoi[1]*, Dennis Buenafe[1], Muni Nadan[2], Sanam Radhika[2], Ronesh Pal[2]**

[1]Department of Clinical Sciences, University of Fiji, Lautoka, Fiji
[2]Department of Basic Sciences, University of Fiji, Lautoka, Fiji

**Received:** 26 February 2025
**Revised:** 03 April 2025
**Accepted:** 08 April 2025

***Correspondence:**
Dr. Abhijit Gogoi,
E-mail: abhijitg@unifiji.ac.fj



## ABSTRACT

**Background:** Abscesses, localized collections of pus resulting from bacterial infections, pose significant challenges to patient care. They are categorized into internal and cutaneous abscesses, with internal abscesses being more severe and harder to diagnose. Limited data exists on the epidemiology and management of abscesses in Fiji, particularly in subdivisional hospitals. This study aims to investigate the prevalence, anatomical distribution, demographic trends, and etiological factors of abscesses in subdivisional hospitals in Fiji's Western division. Additionally, it seeks to analyze management strategies and outcomes to inform improvements in clinical practice.
**Methods:** A retrospective study was conducted from January 2020 to September 2022, analyzing patient data from four subdivisional hospitals-Rakiraki, Tavua, Nadi, and Sigatoka. The study utilized both qualitative and quantitative methods, with MBBS students collecting data under medical supervision. Statistical analyses were performed to assess demographic trends, anatomical sites, and microbiological findings.
**Results:** A total of 1,160 abscess cases were recorded, with Sigatoka hospital reporting the highest number (588 cases). Pediatric patients (ages 0-20) were the most affected, with a male predominance. The most common anatomical sites included the scalp, abdomen, head and neck, limbs, and gluteal region. *S. aureus* was the predominant pathogen, followed by *S. pyogenes* and *E. histolytica*. Management strategies involved incision and drainage (I and D), antibiotic therapy, and wound care, with variations based on abscess location and severity.
**Conclusions:** The study highlights a high prevalence of abscesses in pediatric and male populations in Fiji's Western division. The identification of bacterial and parasitic pathogens underscores the need for targeted antibiotic and antiparasitic treatments. Findings emphasize the importance of public health interventions, improved hygiene practices, enhanced diagnostic capabilities, and antibiotic stewardship programs to optimize patient outcomes and reduce abscess-related morbidity in the region.

**Keywords:** Abscess, Fiji islands, Epidemiology, Bacterial infection, *Staphylococcus aureus*, Epidemiology, Subdivisional hospitals

## INTRODUCTION

Abscesses, characterized as localized accumulations of pus in tissues, pose important clinical and public health issues because of their risk for complications and the strain they impose on healthcare systems. They are a frequent cause of hospital admissions globally, especially in resource-constrained areas where timely diagnosis and treatment can be difficult. An abscess usually develops as a reaction to bacterial infections, with *S. aureus* being the most commonly involved pathogen. Other microbes, such as *S. pyogenes* and, in some instances, protozoan

pathogens like *E. histolytica*, can also play a role in abscess development, especially in endemic areas.[1] In Fiji, abscesses represent a prevalent health issue, especially in subdivisional hospitals where healthcare resources may be limited. The Western Division, which comprises key subdivisional hospitals such as Rakiraki, Tavua, Nadi, and Sigatoka, serves a diverse population with varying degrees of healthcare accessibility. Understanding the epidemiological patterns, demographic distribution, and management strategies of abscesses in these hospitals is essential for optimizing patient care and developing targeted intervention strategies.[2]

### *Clinical and public health importance*

Abscesses are often classified as either internal (deep) or cutaneous (superficial), and they can develop in a variety of anatomical locations. Internal abscesses pose more substantial diagnostic and therapeutic challenges due to their deep placement and potential sequelae, including organ damage and sepsis, even though cutaneous abscesses are typically easier to detect and treat. I and D, wound care, and antibiotic therapy are typically used to treat abscesses; however, approaches can vary depending on the abscess's severity, the infectious agents involved, and the patient's age and preexisting medical problems.[3,4]

The prevalence, distribution, and microbiological character of abscesses in Fiji's healthcare institutions are not well documented. Although subdivisional hospitals handle a large number of cases, there are still few thorough epidemiological research on the prevalence of abscesses in these settings. The creation of evidence-based protocols suited to the particular requirements of the population is hampered by this lack of data. Furthermore, because skin infections are so common in tropical areas, environmental and socioeconomic factors might potentially have an impact on the occurrence of abscesses and the results of treatment.[5]

### *Rationale for the study*

Abscesses are becoming more common, particularly in children and men, which necessitates a deeper investigation of the underlying causes and risk factors. Furthermore, the establishment of antibiotic resistance is a growing concern since resistant bacterial species may be aided by empirical treatments that lack sufficient microbiological validation. at order to guide clinical decisions and allocate resources at healthcare facilities across Fiji's Western Division, it is crucial to understand regional variations in abscess symptoms and treatment responses.[6,7]

This study aims to address these gaps by providing a comprehensive epidemiological assessment of abscess cases in Rakiraki, Tavua, Nadi, and Sigatoka hospitals from January 2020 to September 2022. By analyzing patient demographics, anatomical site distribution, microbial etiology, and treatment modalities, this research seeks to inform better clinical management practices and public health interventions to reduce the burden of abscesses in Fiji.[8]

### *Aim*

This study aims to investigate in detail the epidemiology and treatment of abscesses at subdivisional hospitals in the Western Division of Fiji. This entails evaluating anatomical distribution, management tactics, microorganisms that cause the disease, and demographic trends. Identifying infections, assessing therapeutic strategies, assessing demographic variables including age and gender, and compiling epidemiological data on abscesses are some of the specific objectives. This research attempts to add important knowledge about abscess features and their management in the studied population through qualitative and quantitative analysis.

### *Objectives*

Objectives were to ascertain the incidence and prevalence of cases of abscesses during the course of the study, to assess the patient characteristics (gender, age, comorbidities, etc.) related to cases of abscesses, to evaluate the risk factors and common causes that lead to the formation of abscesses in the patient population, to examine the various forms of treatment, both non-surgical and surgical, to assess the results of managing an abscess, taking into account the recurrence, complications, and recovery rates and to recommend improvements in treatment protocols based on findings from the review.

## METHODS

This study employed a retrospective, descriptive design to analyze abscess cases in four subdivisional hospitals in Fiji's Western Division: Rakiraki, Tavua, Nadi, and Sigatoka. The data collection period spanned from January 2020 to September 2022.

### *Study setting and population*

The study was conducted across four subdivisional hospitals serving distinct populations in the Western Division. All patients diagnosed and treated for abscesses during the 32-month study period were considered for inclusion.

### *Inclusion and exclusion criteria*

All patients with a confirmed clinical diagnosis of an abscess who presented to any of the four hospitals during the specified period were included. Patients with incomplete records or those treated exclusively in outpatient settings without adequate documentation were excluded from the analysis.

***Data collection procedure***

Data were retrospectively collected from hospital records by MBBS students under supervision from medical officers and nurses. Information extracted included patient demographics (age, sex, ethnicity), anatomical site of the abscess, microbiological findings, and treatment modalities used. Management data included type of antibiotics administered, surgical interventions such as I and D, and post-treatment outcomes. These were recorded using standardized data collection forms to maintain consistency.

***Sample size and sampling technique***

As this was a retrospective study of all abscess cases over the defined period, no formal sample size calculation was performed. A total sampling method was applied, meaning all eligible abscess cases documented within the study timeframe were included.

***Ethical considerations***

Ethical approval was obtained from the university of Fiji research ethics committee and hospital administrative authorities. Patient confidentiality was strictly maintained, and data were anonymized before analysis.

***Statistical analysis***

Collected data were entered into Microsoft excel and analyzed using SPSS version 25. Descriptive statistics such as frequencies, percentages, and means were used to summarize patient demographics, abscess distribution, causative organisms, and management strategies. Comparative analysis between hospitals was also performed where appropriate.

Using a mixed-approaches approach, this project collects data from subdivisional hospitals in Fiji's Western Division for 32 months, from January 2020 to September 2022, using both qualitative and quantitative methods. Under the supervision of medical officers and nurses, MBBS students gathered data on patients' demographics, anatomical locations of abscesses, microbiological findings, and therapeutic modalities. Statistical studies were done to analyze demographic patterns, anatomical distributions, and contributory factors within the study population.[9,10]

## RESULTS

A total of 1,160 abscess cases were documented across four hospitals. Sigatoka hospital reported the highest number, with 588 cases (50.7%), followed by Tavua with 303 cases, Nadi with 180, and Rakiraki with 89. Pediatric patients aged 0 to 20 accounted for most of the cases. Males were more frequently affected, and the I-Taukei ethnic group represented the most common demographics.

The most affected anatomical regions were the scalp, gluteal area, abdomen, and head/neck. *S. aureus* was the primary causative organism, while *S. pyogenes* and *E. histolytica* were also identified.

Treatment included the administration of antibiotics, mainly cloxacillin and amoxicillin, as well as surgical intervention through I and D. The frequency of procedures and medication usage varied by hospital, reflecting differences in capacity and the severity of cases.

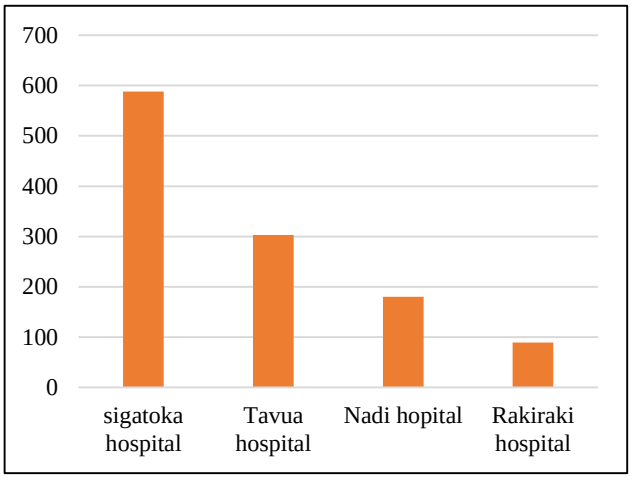


**Figure 1: Incidence of hospital specific abscesses.**

A total of 1,160 abscess cases were identified across the four subdivisional hospitals during the study period. Sigatoka Hospital recorded the highest number of cases (588), followed by Tavua (303), Nadi (180), and Rakiraki (89). The distribution of cases across these hospitals is visually represented in Figure 1.

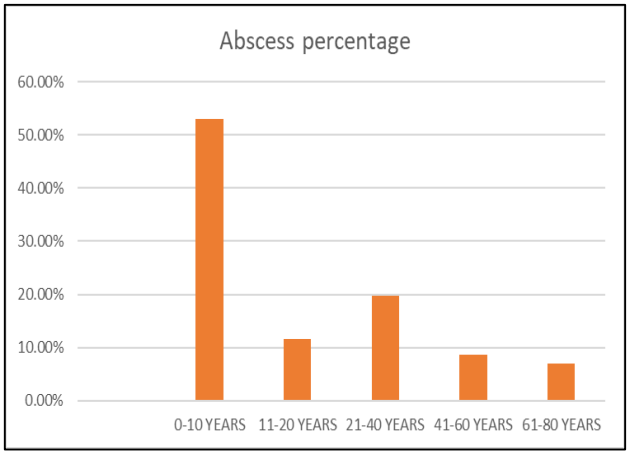


**Figure 2: Demographic distribution according to the age-groups.**

The data revealed a higher incidence of abscesses among pediatric patients, particularly those aged 0-10 and 11-20 years. The age distribution of abscess cases is illustrated in Figure 2.

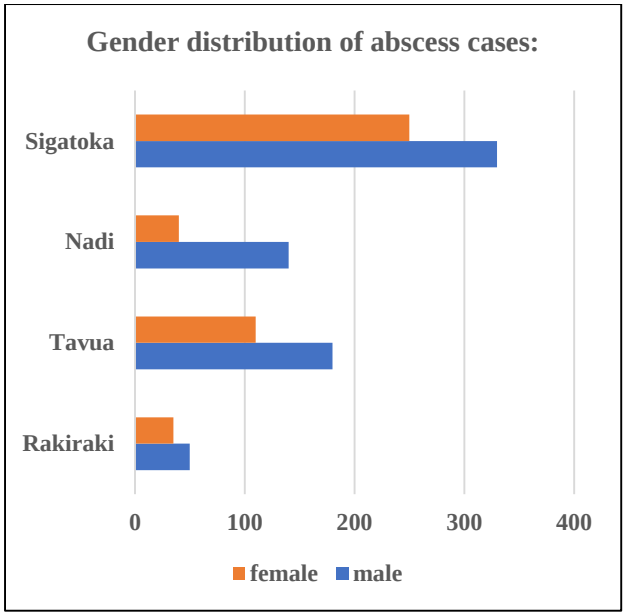


**Figure 3: Gender distribution of abscess cases.**

Males were disproportionately affected across all hospitals, with the I-Taukei population being the most affected ethnic group. The gender distribution across the hospitals is shown in Figure 3.

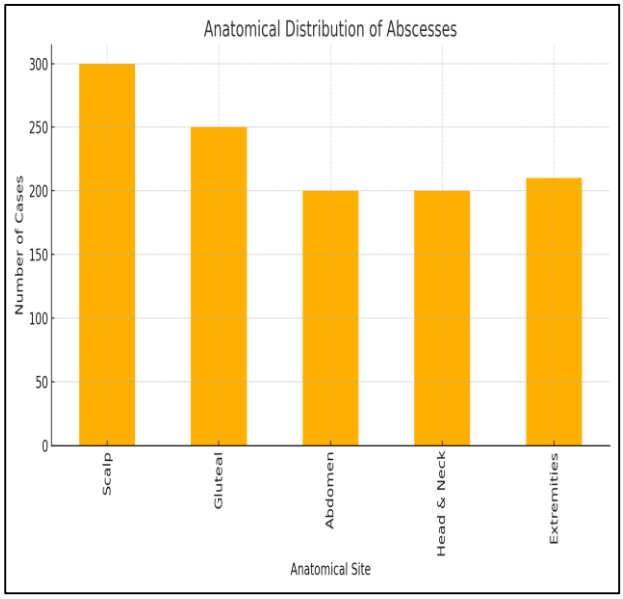


**Figure 4: Anatomical distribution of abscesses.**

Most common anatomical sites were scalp, abdomen, head and neck, and gluteal region. Anatomical distribution of abscesses in different hospitals is presented in Figure 4.

*S. aureus* was the predominant causative organism, often accompanied by *S. pyogenes* and *E. histolytica*. The distribution of causative organisms is depicted in Figure 5.

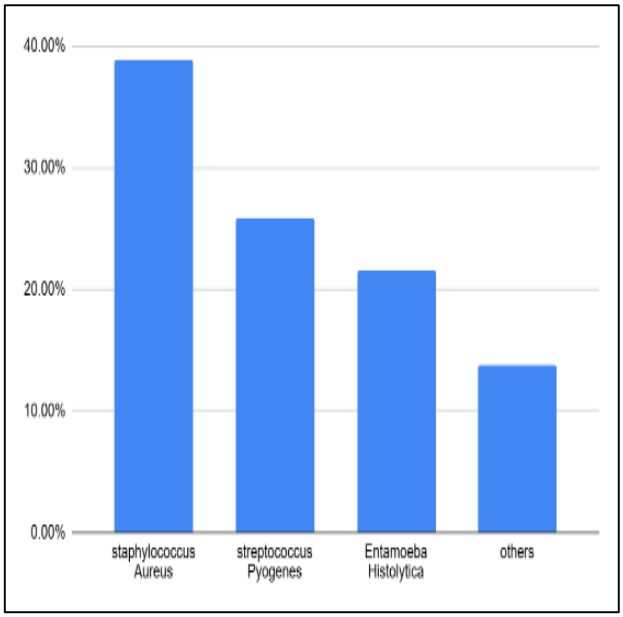


**Figure 5: Causative organisms identified.**

## DISCUSSION

### *Incidence and demographic patterns*

Across the four subdivisional hospitals in Fiji's Western Division, the study found 1,160 instances of abscesses; Sigatoka hospital reported the greatest number of cases. This substantial demand on healthcare resources emphasizes how crucial it is to comprehend epidemiological patterns in order to deploy resources more wisely and carry out focused interventions.[1,2,11]

### *Pediatric and gender distribution*

The results showed that pediatric populations had a disproportionately high incidence of abscesses, especially in children between the ages of 0 and 10 and 11 and 20. This tendency may be explained by a number of things, such as younger children's increased vulnerability to skin infections because of their growing immune systems, play-related exposure to environmental microorganisms, and possible neglect of hygiene precautions. Moreover, the data showed that men were impacted more often than women, a pattern that might be related to behavioral variations between the sexes as well as disparities in risk factor exposure and healthcare-seeking habits. Because they lead more physically active lifestyles, boys and young men may be more susceptible to accidents or infections that result in the formation of abscesses.[13,14]

### *Anatomical distribution of abscess*

The study found that the scalp, belly, head and neck, extremities, and gluteal area were the anatomical regions where abscesses formed most frequently. The higher risk of small injuries in these areas during childhood, as well as the potential for secondary bacterial infections after

skin abrasions, may be connected to the prevalence of scalp and head/neck abscesses, especially in pediatric instances. Additionally, the belly and gluteal regions exhibited significant occurrence rates.[15,16] These areas may be linked to deeper infections either from intra-abdominal processes or from inadequate cleanliness, especially in settings where sanitation may be compromised.

***Regional variations***

Hospital-to-hospital variation existed in the distribution of abscesses; certain places showed greater prevalence of particular kinds of abscesses. For example, there were significantly more scalp abscesses at Sigatoka hospital compared to stomach abscesses in Nadi and Rakiraki. These disparities may be due to regional variations in environmental conditions, cleanliness standards, or access to medical care. These variations imply that the incidence and forms of abscesses seen in various countries may be greatly influenced by specific factors, such as climate, community health behaviors, and the accessibility of medical care.[17,18]

***Causative organisms***

*S. aureus* was found to be the main causal organism, especially in cases of skin and soft tissue abscesses, according to microbiological examination. This result is consistent with worldwide patterns, where *S. aureus* is frequently linked to pyogenic infections, particularly skin infections. The co-pathogen *S. pyogenes* further emphasizes the polymicrobial nature of certain abscesses, in which several bacteria co-occur to cause infection.[19-21]

***Emerging pathogens***

The study identified the protozoan parasite *E. histolytica* as the causal agent, especially in deep-seated abscesses like liver abscesses. This is noteworthy because it suggests that, in some groups, parasite infections play a part in the development of abscesses. The existence of *E. histolytica* could be a sign of endemic parasite infections in the area, which could be connected to food safety, sanitation standards, and water quality. This pathogen's discovery calls for a more comprehensive strategy to abscess management in these regions, one that includes antiparasitic treatment regimens in addition to conventional antibacterial therapy.[22,23]

***Management strategies***

The management depending on the location and severity of the abscess, a combination of wound care, drainage techniques, and antibiotic therapy were used to address the condition in each institution. Given that *S. aureus* is typically the causal organism, empirical antibiotic regimens in these conditions probably target Gram-positive cocci, with gentamicin and cloxacillin being two popular examples of such medications.[24]

***Effectiveness of drainage procedures***

The mainstay of abscess care continues to be I and D, especially for bigger or more superficial abscesses.[25] The results of the study lend support to the ongoing use of I and D as a successful first-line treatment, especially in situations when prompt symptom alleviation and preventing systemic dissemination are essential. Nevertheless, the abscess's depth and location affect how well this method works. Ultrasound-guided needle aspiration or surgical drainage may be required for deep-seated abscesses, such as those affecting the liver or other internal organs. This emphasizes the need of imaging tools in directing treatment options.[26]

***Challenges in antibiotic resistance***

Antibiotic resistance is an issue when antibiotic therapy is heavily relied upon, especially in environments where empirical therapies are frequently employed without conclusive microbiological confirmation. Although the global rise in methicillin-resistant *S. aureus* (MRSA) highlights the need for continued surveillance and prudent antibiotic use, the study did not specifically evaluate trends of drug resistance.[27] The emergence of antibiotic resistance may be a serious obstacle to the efficient treatment of abscesses in the Western Division of Fiji, where medical resources may be scarce. Therefore, it is crucial to establish and adhere to antibiotic stewardship programs that balance the need for effective treatment with the prevention of resistance.[28,29]

***Implications for public health and clinical practice***

The Western Division of Fiji's public health and clinical practice will be significantly impacted by the study's findings. The high rate of abscesses, especially in children and young adults, points to the necessity of focused public health initiatives that enhance personal hygiene, reduce the risk of injuries, and promote prompt medical attention. Campaigns for public health could emphasize teaching communities the value of hand hygiene, wound care, and early treatment of skin diseases to stop the development of abscesses.

***Regional healthcare strategies***

The types of abscesses and the organisms causing them vary by geography, therefore healthcare plans should be customized to meet the unique requirements of each community. For instance, combined protocols for managing bacterial and parasite diseases may be advantageous in areas where parasitic infections are more common.[30] Furthermore, expanding access to laboratory and diagnostic imaging services may improve the precision of diagnosis and efficacy of treatment. To guarantee that all patients have access to prompt and adequate care in this situation, it is imperative to develop the healthcare infrastructure, especially in rural areas.

***Future research directions***

This study lays the groundwork for further investigations into the fundamental causes of abscess presentations in Fiji. The effects of seasonal fluctuations, socioeconomic characteristics, and healthcare accessibility on the prevalence of abscesses could be examined through longitudinal research. Additionally, research on the immunological and genetic components of abscess development vulnerability may shed light on potential preventative measures. Studying the efficacy of various management protocols, such as the application of cutting-edge therapeutic drugs or procedures, may also aid in the improvement of treatment protocols and patient outcomes.

***Limitations***

The study's limitation is that it only looked at subdivisional hospitals in one area of Fiji, which could limit how broadly the results can be applied to other areas or healthcare contexts. Relying too heavily on means of collecting data after the fact, such as patient records and hospital databases, might lead to biases or inaccuracies because of differences in record-keeping procedures or inadequate documentation. Furthermore, the study mainly concentrated on cases of abscesses treated in hospital settings, thus ignoring occurrences of abscesses managed in community or outpatient settings, which can have distinct epidemiological features.

To improve the robustness of the results, future studies should take into account a multicenter design with a bigger sample size and more diverse populations. Prospective studies could offer more thorough insights into the course of abscesses naturally, the efficacy of various management techniques, and the long-term effects of various treatment modalities.

## CONCLUSIONS

The epidemiology and treatment of abscesses in Fiji's subdivisional hospitals of the Western Division are thoroughly examined in this study. The results show noteworthy clinical and demographic trends, with a disproportionate impact on pediatric populations and I-Taukei ethnic persons. The discovery of *E. histolytica* and *S. aureus* as the principal pathogens emphasizes the necessity of focused antibiotic therapy as well as the integration of parasitic infection control into abscess treatment regimens.

***Recommendations***

The results of the study highlight the necessity of focused efforts to lower the incidence of abscesses in Fiji, especially in high-risk groups. Suggested recommendations are as follows:

*Public health interventions:* Launch community education campaigns that emphasize better hygiene habits, appropriate wound care, and early skin infection treatment to stop the development of abscesses. These initiatives must to be attentive to cultural differences and customized to meet the unique requirements of the various communities in the Western Division.

*Antibiotic stewardship:* To guarantee the prudent use of antibiotics in the treatment of abscesses, develop and implement antibiotic stewardship programs. This involves encouraging evidence-based prescribing practices and conducting routine observation of antibiotic resistance patterns.

*Healthcare infrastructure:* To increase access to specialized treatment, laboratory services, and diagnostic imaging, strengthen the healthcare infrastructure, especially in underserved and rural areas. This will enhance the early detection and effective management of abscesses, reducing the risk of complications.

*Research and monitoring:* Carry out additional studies to investigate the causes of the high prevalence of abscesses in male and pediatric populations, as well as the part that parasitic diseases play in the development of abscesses. It is crucial to continuously assess treatment outcomes and epidemiological trends in order to update public health policies and clinical guidelines

*Funding: No funding sources*
*Conflict of interest: None declared*
*Ethical approval: The study was approved by the Institutional Ethics Committee*

## REFERENCES

1. Romani L, Steer AC, Whitfeld MJ, Kaldor JM. Prevalence of scabies and impetigo worldwide: a systematic review. Lancet Infect Dis. 2015;15(8):960-7.
2. Romani L, Koroivueta J, Steer AC, Kama M, Kaldor JM, Wand H, et al. Scabies and impetigo prevalence and risk factors in Fiji: a national survey. PLoS Negl Trop Dis. 2015;9(3):e0003452.
3. Mason DS, Marks M, Sokana O, Solomon AW, Mabey DC, Romani L, et al. The Prevalence of Scabies and Impetigo in the Solomon Islands: A Population-Based Survey. PLoS Negl Trop Dis. 2016;10(6):e0004803.
4. Karimkhani C, Dellavalle RP, Coffeng LE, Flohr C, Hay RJ, Langan SM, et al. Global Skin Disease Morbidity and Mortality: An Update From the Global Burden of Disease Study 2013. JAMA Dermatol. 2017;153(5):406-12.
5. Fiji Ministry of Health and Medical Services. Health Status Report 2016. In: Health Information Research and Analysis, editor. 2016.
6. Tong SYC, Davis JS, Eichenberger E, Holland TL, Fowler VG. *Staphylococcus aureus* Infections:

Epidemiology, Pathophysiology, Clinical Manifestations, and Management. Clin Microbiol Rev. 2015;28(3):603-61.
7. Poulakou G, Lagou S, Tsiodras S. What's new in the epidemiology of skin and soft tissue infections in 2018? Curr Opin Infect Dis. 2019;32(2):77-86.
8. Linder KE, Nicolau DP, Nailor MD. Epidemiology, treatment, and economics of patients presenting to the emergency department for skin and soft tissue infections. Hosp Pract. 2017;45(1):9-15.
9. Miller L, Eisenberg D, Liu H, Chang C, Wang Y, Luthra R, et al. Incidence of skin and soft tissue infections in ambulatory and inpatient settings, 2005-2010. BMC Infect Dis. 2015;15:362.
10. Baker A, Maziarz E, Lewis SS, Stout J, Anderson D, Smith PK, et al. Invasive Mycobacterium abscessus Complex Infection after Cardiac Surgery: Epidemiology, Management, and Clinical Outcomes. Clin Infect Dis. 2021;70(4):600-10.
11. Dunn M, Savoie KB, Erdem G, Dykes MW, Buckingham DA, Spencer SP, et al. Quality improvement methodology can reduce hospitalization for abscess management. Emergency Med J. 2022;39(10):788-94.
12. Fujiwara K, Yoshida M, Murase Y, Aono A, Furuuchi K, Tanaka Y, et al. Potential cross-transmission of Mycobacterium abscessus among non-cystic fibrosis patients at a tertiary hospital in Japan. Microbiol Spectrum. 2022;10(3):e00283-22.
13. Pitaro NL, Tang JE, Arvind V, Cho BH, Geng EA, Amakiri UO, et al. Readmission and associated factors in surgical versus non-surgical management of spinal epidural abscess: A nationwide readmissions database analysis. Global Spine J. 2021;13(2):1533-40.
14. Sah J, Adhikari S, Sah G, Ghimire B, Singh YP. Presentation, management, and outcomes of iliopsoas abscess at a university teaching hospital in Nepal. Innovative Surgical Sci. 2023;8(1):17-22.
15. Stevens DL, Bryant AE. Infectious Diseases in Primary Care: Abscess Management and Treatment Guidelines. Elsevier. 2017;118(2):1423-620.
16. Lippincott WR, Wilkins R. Surgical Infection and Abscess Management in Low-Resource Settings. Lippincott Williams and Wilkins. 2019.
17. Barnett A, Ghosh S. Epidemiology of abscess formation in tropical climates: A review of trends in developing countries. J Global Heal. 2021;11(2):02044.
18. Rogers SM, Richards JR. Advances in the treatment of soft tissue abscesses: Evidence-based clinical practice. The Lancet Infectious Dis. 2020;20(3):259-68.
19. Ministry of Health and Medical Services, Fiji. Annual Health Report: Infectious Disease Burden and Healthcare Access in Western Fiji. Suva: Ministry of Health, Fiji. Infect Dis. 2020.
20. O'Sullivan CE, Baker MG, Zhang J. Increasing hospitalizations for serious skin infections in New Zealand children, 1990-2007. Epidemiol Infect. 2011;139(11):1794-804.
21. Fiji Islands Bureau of Statistics. 2017 Population and Housing Census Release Fiji Bureau of Statistics. 2018.
22. Census 2007 Results: Population Size, Growth, Structure and Distribution. 2008;1-48.
23. The Human Development Reports Office. Human Development Report 2019. New York: United Nations Development Programme, 2019.
24. World Health Organization. Regional Office for the Western Pacific, Asia Pacific Observatory on Health Systems and Policies. The Fiji Islands health system review. Health Systems in Transition. 2011;1(1).
25. Harris PA, Taylor R, Minor BL, Elliott V, Fernandez M, O'Neal L, et al. The REDCap consortium: Building an international community of software platform partners. J Biomed Inform. 2019;95:103208.
26. World Health Organization. Infection Prevention and Control in Low-Income Countries. 2018.
27. Singh R, Kumar A. Case study of abscess treatment outcomes in rural hospitals of the Pacific Islands. Pacific Health Dialog. 2019;25(1):45-50.
28. Tuitoga T, Vakaloloma M. Retrospective analysis of skin and soft tissue infections in Fijian hospitals. Fiji Medical J. 2021;53(1):12-8.
29. Fiji Bureau of Statistics. Healthcare utilization and infection rates in rural Fijian communities. Suva: Fiji Bureau of Statistics. 2019.
30. Prasad R, Nand K. Epidemiology and healthcare disparities: A focus on infectious diseases in the Pacific Islands. Int J Trop Med. 2020;15(2):100-8.

**Cite this article as:** Bancod R, Gogoi A, Buenafe D, Nadan M, Radhika S, Pal R. Retro-prospective review of abscess epidemiology and its management in Western subdivisional hospitals in Fiji. Int Surg J 2025;12:694-700.