Objective: To study the microbial etiology of tubo-ovarian abscess (TOA). Methods We recruited 11 women in Nairobi, Kenya who failed antibiotic therapy alone and required surgical drainage of a presumptive TOA. Pus from the nine abscesses and two pyosalpinges were collected and cultured for aerobic, facultative and anaerobic microorganisms. **Results**: Eleven women suspected of having a TOA were hospitalized and treated for a median of 6 days (range 3ï 14 days) prior to surgical drainage of the abscess. Nine (82%) specimens were culture positive. Aerobes were present in all nine specimens. Seven of the nine positive cultures (78%) were polymicrobial and five of the polymicrobial cultures contained both anaerobes and aerobes. Anaerobic Gram-negative bacilli (Prevotella sp., Porphyromonas sp. and Bacteroides sp., Escherichia coli) and Streptococcus sp. (S. viridans and S. agalactiae) were the most common microorganisms isolated. Neisseria gonorrhoeae and Chlamydia trachomatis were not isolated by culture or detected by polymerase chain reaction. **Conclusions**: In Kenya, persistent TOAs are associated with endogenous flora similar to that normally found in the gastrointestinal tract.