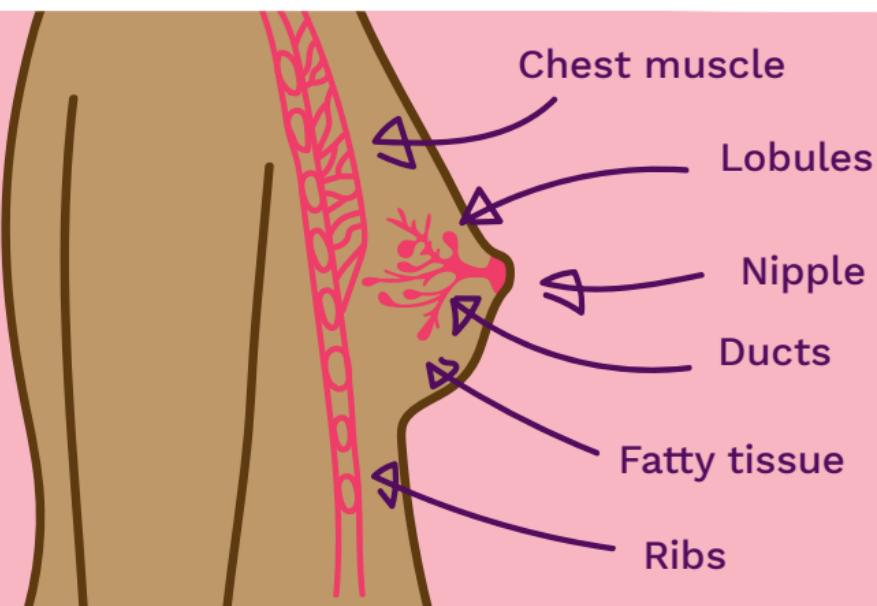


# PERIDUCTAL MASTITIS

Benign breast conditions  
information provided by  
**Breast Cancer Now**

# What is periductal mastitis?

- Periductal mastitis is a benign (not cancer) breast condition.
- It can affect anyone but is most common in younger women and people who smoke.
- It can make your breast feel painful or swollen.
- Periductal mastitis can usually be treated with antibiotics but sometimes goes away on its own.
- It does not increase your risk of developing breast cancer.



Periductal mastitis occurs when tissue around the ducts gets inflamed

# Symptoms of periductal mastitis

Symptoms of periductal mastitis can include:

- A tender, hot or reddened breast (this can be harder to see if you have black or brown skin)
- Liquid (discharge) from the nipple that may be bloody
- A lump that can be felt behind the nipple
- The nipple becoming pulled in (inverted)
- A high temperature or fever

And less commonly:

- A collection of pus (abscess)
- An abnormal connection between a duct and the skin (fistula)

## Who it affects

### Women

Periductal mastitis can affect people of any age, though it's much more common in younger women.

### Men

Men can also get periductal mastitis, but this is very rare.

Periductal mastitis in men is diagnosed and treated in the same way as in women.

### People who smoke

People who smoke have an increased risk of periductal mastitis because substances in cigarette smoke can damage the ducts behind the nipple. Smoking can also slow down the healing process after treatment.

### If you have a nipple piercing

Nipple piercings can increase the chances of infection and may make periductal mastitis more difficult to treat.

### If you're breastfeeding

Mastitis is also common in people who are breastfeeding or have recently given birth. This type of mastitis is usually called lactational mastitis and is different from periductal mastitis.

# Causes of periductal mastitis

We still don't know exactly what causes periductal mastitis, but certain things like smoking can increase your risk.

Breasts are made up of milk-producing glands (lobules) and tubes that carry milk to the nipple (ducts). These are surrounded by tissue that gives the breasts their size and shape.

Sometimes the tissue around the ducts, usually under the nipple, can become inflamed. This is called periductal mastitis. The inflammation is usually accompanied by an infection, but not always.

## Diagnosis

After you have a breast examination, your GP is likely to refer you to a breast clinic where you'll be seen by specialist doctors or nurses.

At the breast clinic, most people have a breast examination followed by 1 or more of the following tests:

- Ultrasound scan – using high-frequency sound waves to produce an image
- Fine needle aspiration (FNA) – using a fine needle and syringe to take a sample of cells to be looked at under a microscope

If you have discharge from the nipple, a sample may be sent to a laboratory to be looked at under a microscope to confirm whether you have periductal mastitis. This is more likely if the discharge is bloody.

You can call our free helpline on **0808 800 6000** if you'd like more information about tests, or see our booklet **Your breast clinic appointment**.

## Treatment and follow-up

### Periductal mastitis can usually be treated with antibiotics

Most cases of periductal mastitis are treated with antibiotics. However, sometimes it clears up by itself without any treatment. Which antibiotics you are given and for how long will depend on your individual circumstance.

It's important to go back to your GP if:

- Your symptoms do not improve
- Your symptoms come back
- You have any new symptoms

If your breast is painful, you may want to take pain relief such as paracetamol.

### Abscesses and fistulas

If you develop an abscess or a fistula (see “Symptoms of periductal mastitis”), your specialist will decide the best way to treat it.

This may involve using a fine needle and a syringe to draw off (aspirate) the pus, using an ultrasound scan for guidance. This may need to be repeated until all the pus is removed. Sometimes an opening is made in the skin to allow the pus to be drained. This can be done under local or general anaesthetic.

### Surgery

If periductal mastitis doesn't get better after taking antibiotics, or if it comes back, you may need to have an operation to remove the affected area. This operation is usually done under general anaesthetic, and you'll be in hospital for the day or overnight.

If your breast is painful after the operation, you can take pain relief like paracetamol. The operation will leave a small scar, but this usually fades with time. Your nipple may also be less sensitive than before.

Sometimes it can be difficult for the surgeon to find all the affected ducts during the operation. This is because they are very small. If periductal mastitis comes back after an operation, more ducts may need to be removed.

### **If you smoke**

Stopping smoking can reduce your risk of getting periductal mastitis again. The NHS has a range of resources to help you stop smoking on its website.

# Does periductal mastitis increase my risk of breast cancer?

Having periductal mastitis does not increase your risk of developing breast cancer in the future. But it's important to go back to your GP if you notice any changes in your breasts, no matter how soon after your diagnosis of periductal mastitis.

You can find out more about being breast aware in our booklet **Know your breasts: a guide to breast awareness and screening**.

If you're worried about breast cancer or have questions about breast health, you can call our free helpline on **0808 800 6000** or talk to us online at **breastcancernow.org**

# ABOUT THIS LEAFLET

**Periductal mastitis** was written by Breast Cancer Now's clinical specialists, and reviewed by healthcare professionals and people affected by breast conditions.



For a full list of the sources we used to research it: Email [health-info@breastcancernow.org](mailto:health-info@breastcancernow.org)



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Edition 6, next planned review March 2027

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