

Infections of the Breast



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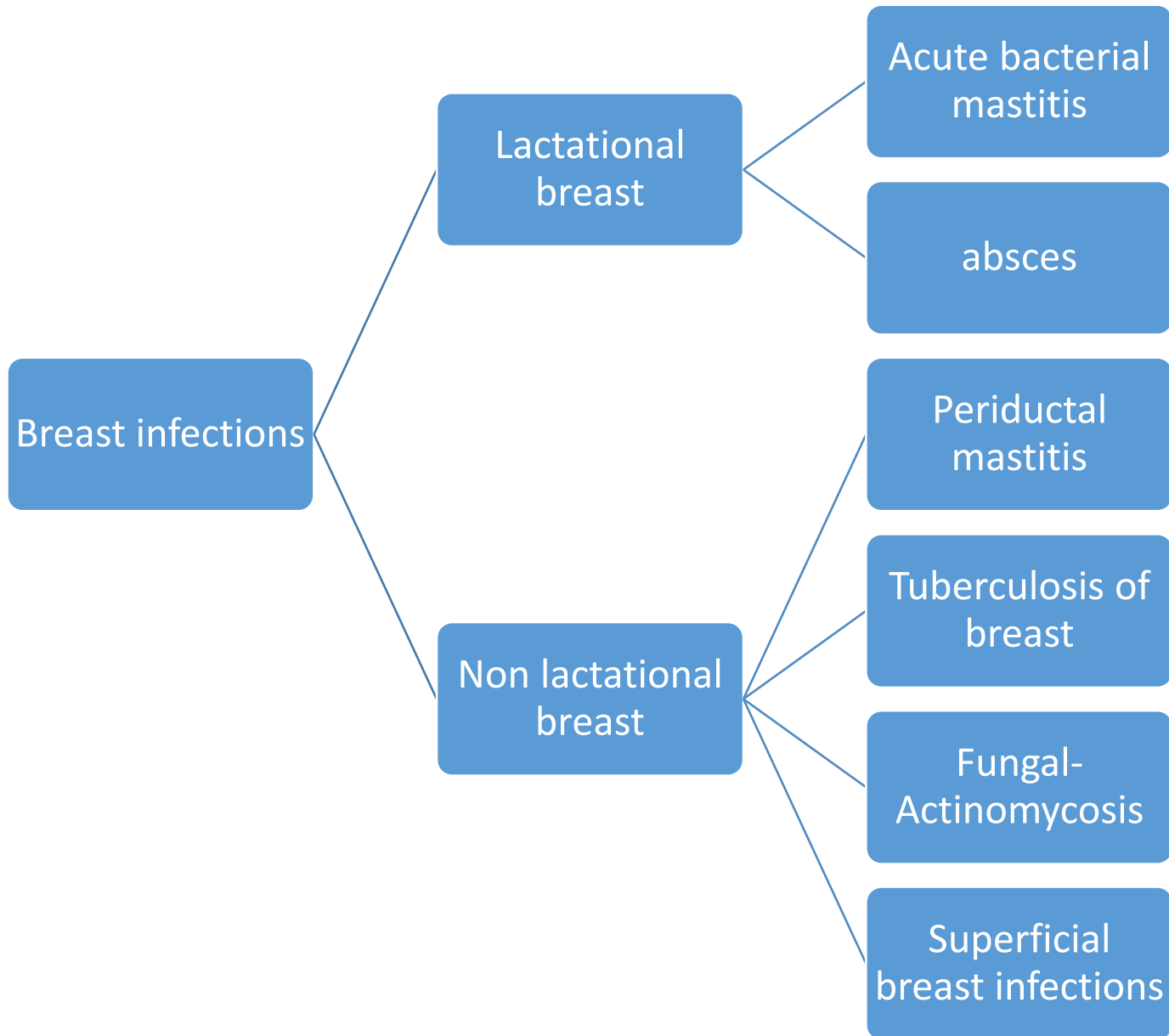
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Introduction

- Mastitis is an infection of the tissues of the breast.
- Commonly affect the women who are breast feeding and may have recurrence as well.
- Therefore they can categorize as lactational and non lactational infections





Risk factors

1. Breast feeding- improper technique
2. Inflammatory carcinoma
3. Impaired immune system (women with diabetes, chronic illness, AIDS etc.)
4. Previous history of mastitis
5. Poor nutrition
6. smoking



Clinical features

- Woman may experience,
 1. Severe pain
 2. Swelling of the breast
 3. redness
 4. Systemic symptoms like rigors and flu like symptoms
 5. Abscess formation



Clinical features cont..

- Breast abscesses are a complication of mastitis. Those are tender and feel mobile beneath the skin
- Breast abscesses are subdivided in to
 1. Lactational breast abscess – occur during breast feeding
 2. Non lactational breast abscess– Not associated with the breast feeding period



1. Lactational breast abscess

- During breast feeding period nipples are traumatized and cracked.
- Therefore they are more prone to get infected and infection spread from babies mouth
- Most common organism is staphylococcus aureus.
- Because there is a warm protein rich culture medium and Those are usually unilateral



Management

- Quick resolution can be achieved with early admission to hospital and intravenous antibiotic therapy.
- More localised infection that will either resolve on oral antibiotics.
- If the overlying skin is viable these abscess are best aspirated under USS guidance



Management cont..

- Repeat the aspiration in every 48 hours until resolved
- Continue antibiotics until 7-10 days.
- Flucloxacillin and Augmentin can be used.
- Ask women to breast feed or express to avoid breast engorgement.
- Support the breast



Management cont..

- Local heat application , analgesia also helpful in the management.
- If infection does not settle within 48hrs- Incision and drainage need to be done. (No need to wait for fluctuation).
- Need to break the loculi during I & D.



2. Non lactational breast abscess

- Common in heavy smokers or diabetic patients.
- The association with smoking is unclear. But several factors are postulated.
 1. Local microvascular damage
 2. Build up of toxic metabolites
 3. Overgrowth of anaerobic and gram negative bacteria



- Mostly occur in the peri and retro areolar area
- Associated with peri-ductal mastitis.
- Infective organisms include,
 1. Bacteroids
 2. Anaerobic streptococci
 3. Enterococci
- Most of the women will experience recurrent abscesses despite multiple courses of antibiotics and long term may develop mammary fistulae.



Investigations

- Perform USS
- Core biopsy for repeated inflammatory or infected breast abscesses specially if they occur away from the peri areolar area.
- This is helpful to exclude cancers and to diagnose causes like tuberculosis, chronic granulomatous mastitis, and actinomycosis .



Indications for immediate admission

- There are signs of sepsis
- The infection progress rapidly
- Immunocompromised women
- Hemodynamically unstable



Management

- Abscesses need frequent aspiration or incision and drainage
- Fistula laying open under the general anaesthetic.
- Antibiotics play a major role in the management of non lactational breast infections
- Smoking cessation need to be advised



Management cont..

- Other conditions like

1. Sebaceous cysts in the cleavage area

2. Hidradenitis suppuritiva

are usually dischargespontaneously or can be incised and drained in outpatients.

- Underlying skin cyst dealt with surgically if there is any residual lump after the acute phase has been settled.



complications

Acute

1. Breast feeding problems
2. bacteremia

chronic

1. Scarring
2. Recurrent infections
3. Abscess formation
4. Fistula
5. antibioma



Prevention

- Proper breast feeding techniques and attachment of the baby
- Completely empty the breast when breast feeding.
- Smoking cessation
- Early identification and proper treatment will reduce recurrence and complications.
- practice careful hygiene



Follow up

- If the women > 40 year of age , breast imaging like USS or mammogram should be performed after resolution of the acute process to exclude unsuspected underlying breast cancer.



Antibioma

- Due to prolonged antibiotics without draining an inflammatory mastitis.
- Covered with a thick fibrous tissue and may have,
 1. Swelling
 2. Pain less
 3. Hard
 4. Non tender

