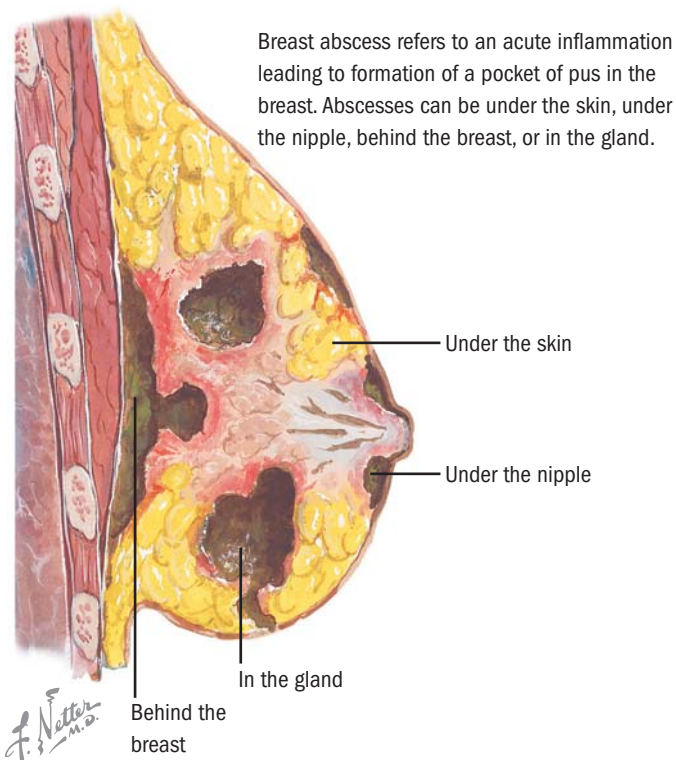


MANAGING YOUR BREAST ABSCESS



Inflammation (swelling, redness) of the soft tissue of the breast could be a sign of an abscess.



Some nursing mothers may first develop mastitis. Breast abscesses usually do not pose any important risk of infection to an infant during breastfeeding.

What Are Breast Abscesses?

An abscess is a pocket containing pus that can occur in any part of the body. Breast abscess refers to an inflammation (swelling, redness) that results in such a collection of pus in the breast.

What Causes Breast Abscesses?

Bacteria most often cause breast abscesses. The most common types of bacteria are named *Staphylococcus aureus* and *Streptococcus*. Sometimes anaerobic bacteria (which grow without oxygen) can cause breast abscesses.

Breast abscesses usually occur in women of childbearing age. About 10% to 30% of all breast abscesses occur after pregnancy, when nursing mothers breastfeed newborns. Nursing mothers may first develop a condition called mastitis, or inflammation of the breast's soft tissue. About 1 in 15 of these women can develop breast abscesses.

Blockage of nipple ducts because of scarring can also cause breast abscesses.

Breast abscesses are not inherited and cannot be passed from one person to another. They usually present no risk of infection to a newborn.

What Are the Symptoms of Breast Abscesses?

A painful, swollen, hot red mass on the breast is usual. Sometimes, drainage through the skin over the abscess or nipple duct opening may be present. Other symptoms include fever, chills, nausea, and vomiting. Sometimes, the nipple may be inverted (pointing inward), and the abscess can look like other conditions, such as breast cancer or an infected cyst.

How Are Breast Abscesses Diagnosed?

The doctor makes a diagnosis by means of a physical examination. The doctor may in some cases consult a general surgeon to cut, drain, and perform a biopsy of the area. In a biopsy, a small piece of breast tissue is taken for study under the microscope. Pus can be studied to identify the bacteria, which helps the doctor select the right antibiotic for treatment.

If you suspect that you have a breast abscess, contact your doctor right away.



Antibiotics are the first choice of therapy.



Call your doctor if you have drainage from your nipple.



How Are Breast Abscesses Treated?

Antibiotics are the first therapy used. If mastitis is found early, antibiotic therapy may cure the problem without surgery. However, most women with a breast abscess will need an incision (cutting) and drainage. Complications of incision and drainage include formation of a new abscess, scarring of ducts, and formation of fistulas. A fistula is a passage leading from the abscess to the outside skin.

DOs and DON'Ts in Managing Breast Abscesses:

- ✓ **DO** remember that you can use warm, moist compresses on the infected breast tissue.
- ✓ **DO** remember that up to 40% to 50% of breast abscesses can come back.
- ✓ **DO** call your doctor immediately if you feel a lump or have redness or pain in your breast. Prompt diagnosis and treatment with antibiotics may prevent the need for surgery.
- ✓ **DO** call your doctor if you notice nipple inversion or drainage from your nipple.
- ✓ **DO** call your doctor if you have fever or chills.
- ✓ **DO** call your doctor if you have pain with breastfeeding.
- ⊗ **DON'T** forget to tell your doctor if you are allergic to penicillin or other drugs.
- ⊗ **DON'T** forget that good nipple hygiene if you're breastfeeding can prevent skin cracking and abrasions that can lead to mastitis and breast abscesses.

FROM THE DESK OF

NOTES

FOR MORE INFORMATION

Contact the following sources:

- American College of Obstetricians and Gynecologists
Tel: (202) 638-5577
Website: <http://www.acog.org>
- American College of Surgeons
Tel: (800) 621-4111