

△ GENERAL INFORMATION

Breast abscess is a collection of pus in the breast. Although most of the time it is localized, it can spread to affect separate areas away from the main abscess.

Breast abscess is seen most commonly in women who are breast-feeding their infants. Abscesses in such patients can occur in any part of the breast. Breast abscesses are also seen in women who are not breast-feeding. These abscesses usually are under the nipple and *areola* (the dark skin around the nipple).

COMMON SIGNS AND SYMPTOMS

- Usually there is a tender lump in the breast.
- Often there is redness and swelling of the skin over the infected area.
- The abscess may already be draining through either the nipple or the skin.
- There is fever.
- Lymph nodes in the *axilla* (armpit) may be swollen.

DIAGNOSIS

- Taking a careful history and doing a thorough physical examination often are enough to make the diagnosis of breast abscess.
- Aspiration: Placing a needle into the swollen area (sometimes under ultrasound guidance) to obtain pus for examination in the laboratory is an available technique. Finding pus is proof of an abscess.
- Ultrasound: Harmless sound waves are aimed at the area of the breast. The sound waves bouncing back (the echoes) from this area are seen as a picture on a screen. Ultrasound is a convenient, painless, and harmless way to examine the tissue inside the breast, as well as to see if the mass is solid or filled with liquid.
- Mammogram: This is another way to examine the inside of the breast (without cutting into it) for evidence of cancer. The x-rays that must pass through the breast to take the mammogram have no effect on the milk in your breast and are not a risk to your infant if you are breast-feeding. However, a mammogram is of limited value in women immediately after childbirth or when breast-feeding because the breasts are swollen with milk and thus severely restrict the ability of the mammogram to demonstrate abnormalities.
- The most common cause of breast infection is the inflammation sometimes seen in the breast of a nursing mother that develops into an abscess. Other causes must be considered, however.
- Inflammatory cancer: The breast in this condition is red and swollen but usually is not painful. Fever is not common. The lymph nodes in the axilla may be swollen. If the signs of infection do not go away with antibiotics, then the breast must be evaluated for inflammatory breast cancer, which can look like an infection.

- Irradiation: A patient who has had a breast cancer treated by a lumpectomy with x-ray therapy after the operation can have a red and tender breast.
- A silicone implant that has leaked can produce redness, drainage, and firm areas in the breast.
- An infected sebaceous cyst (oil gland) can produce redness of the skin, a tender mass (usually in the skin itself), and even enlarged lymph nodes in the axilla.
- An ordinary cancer can lead to the death of tissue at its center that becomes infected. Although it is true that an abscess is present, one must not miss a cancer that also may be present.

○ TREATMENT

- Making the correct diagnosis is critical not only to providing relief by releasing the pus, but also to ensuring that a cancer with an abscess in it is not overlooked.
- Antibiotics will be started that are effective against the bacteria identified if pus was removed with a needle. If the type of bacteria causing the abscess is unknown, the antibiotic that is effective against the most likely type of bacteria will be given.
- Aspiration of abscess: The skin over the inflamed area is swabbed with an antiseptic solution. A very fine, short needle is used to inject an anesthetic at a spot in the skin to make it numb. A large-bore needle is used to remove all the pus. Ultrasound can be used to guide the needle as well as to check that all the free-flowing pus was removed. Aspiration of a tiny bit of tissue at this time to see if cancer is present is not reliable.
- Insertion of a drain: The preparation for this is the same as that for aspiration. A small plastic tube is placed into the abscess with ultrasound guidance. The tube is connected to a suction bulb to collect additional pus. The abscess is irrigated with saline (salt water) several times a day until it heals.
- An open incision to drain the abscess is often necessary for several reasons:
 - The abscess and infection do not go away with antibiotics or aspiration.
 - The abscess may have several pockets (*loculations*), all of which might not be seen or drained if the drainage is performed with a needle. In such a situation, the abscess process would continue and destroy more breast tissue.
 - The abscess may have made tunnels to several areas of the breast that must be identified and cleaned out. This usually is an abscess in a woman who is not breast-feeding and is found under the area of the nipple and areola.
 - If the abscess does not go away completely within a reasonable period of time, small pieces of tissue (*biopsy specimens*) may need to be taken from the wall of the abscess to be certain not to miss an associated cancer that may be present. The recommendation is that you have an open drain-

age of the abscess and possibly biopsies of the surrounding tissue.

PREOPERATIVE PREPARATION

- You will have an examination of your blood and possibly of your heart (EKG) and lungs (chest x-ray), depending on your age and general health.
- If you are nursing an infant, there will be a discussion on the advisability of your taking medicines to “dry” your breasts. The decision will be influenced by your special circumstances.
- Do not eat or drink anything for 8 hours before the operation.
- Shower or bathe as usual on the morning of the operation.
- You may be given medicine that will make you feel drowsy before you are brought to the operating room.

□ OPERATION

- The operation will be done under quick-acting general anesthesia.
- The incisions will be made in as cosmetic a fashion as possible.
- The operation usually takes less than an hour.
- A drain may be brought from the abscess cavity to the outside.
- The abscess cavity may be packed with gauze, leaving it to heal from the inside out.

POSTOPERATIVE CARE

- You will be taken to a recovery room and observed. When your blood pressure, pulse, and breathing are stable and you are completely alert, you should be able to go home that same day with a responsible adult.

- Arrangements will be made for your antibiotics, follow-up office visit, stitch removal, and discussion of any laboratory results and plans for continued treatment.
- As with any operation, complications are always possible. With this type of operation, they can include missed infected pockets that need to be cleansed, breakdown of the incision, and possibly others.

⊕ HOME CARE

- You may walk about as you wish, even climb stairs, but don't overdo things.
- Continue taking any antibiotics prescribed for you.
- Take medicine as prescribed for your pain.
- Eat as you wish.
- Wearing a loose bra at bedtime—mostly to keep your breasts from moving around too much as you shift during sleep—will make you more comfortable.
- You may sponge bathe as you wish. Otherwise, you will be instructed on when and how to shower and to take care of your dressings.
- Don't drive if you are taking medicines that may reduce your alertness.
- You may return to work when you feel up to it.

📞 CALL OUR OFFICE IF

- You develop any unusual signs or symptoms.
- The incision becomes red or swollen, or there is new or increased drainage from it, or the drainage continues in the same way for longer than 1 week.
- You develop new lumps or areas of tenderness.
- You develop a temperature higher than 100°F.
- You have any questions.