Health Services
LOS ANGELES COUNTY

DHS Expected Practices

Specialty: Breast, Surgery

Subject: Mastitis/Breast Abscess

Date: March 11, 2021

Purpose: To provide guidance in the management of breast infections

Target Audience: Primary Care, Emergency Room and Urgent Care Providers

Background:

Expected Practice: Infection of the breast is characterized by erythema, skin thickening, tenderness, warmth, and is often associated with fever and leukocytosis. Determination of the likely cause of the infection and whether there is an associated abscess component drive clinical decision-making. Common etiologies of breast infection include lactation, nipple cleft, smoking, nipple trauma (prior surgery or nipple ring), granulomatous mastitis, inclusion cyst, hidradenitis, dermatitis, insect bite, carbuncle, and idiopathic. In the absence of obvious signs of abscess (fluctuance, drainage), focused breast ultrasound may be useful to diagnose an abscess component. In general, mammography should not be performed in cases of acute breast inflammation/infection.

For mastitis without abscess: ¬ Initiate antibiotics covering gram positive cocci (Staph and Strep).

- Hot compresses (steamy towel on breast) and breast massage twice daily along with wearing a compressive/supportive bra until symptoms improve.

  Further circumstances:
  - If the patient has risk factors for MRSA, consider Bactrim or Clindamycin.

Please Note

This *Expected Practice* was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.

As with all expected practices, clinicians should exercise their own clinical judgment to ensure that patients get appropriate care as needed.

Doing so may include contacting a consultant or re-eConsulting if they feel that recommendations are not aligned with the expected practices described here, doing so is warranted, or if the patient's condition changes.

- If the patient is diabetic, coverage of gram-negative rods should also be considered.
- If the patient is lactating, antibiotic selection must consider safety to the infant. Dicloxacillin is the recommended therapy. The patient must evacuate milk ducts regularly by continuing breastfeeding, using a breast pump, or manual expression. There is no need to discard milk from the affected breast. For mastitis with abscess: In addition to the above recommendations, management of the fluid collection is a necessary part of resolving a breast abscess. Evacuation is recommended for collections greater than 2cm. Culture and sensitivity should be performed to guide antibiotic therapy.
- An initial attempt at percutaneous 18-gauge needle aspiration of the abscess should be performed unless spontaneous drainage appears imminent (ie overlying skin is thinned out, skin is ballooning out due to abscess pressure, and/or a punctate hole in the overlying skin is present).

- If percutaneous aspiration is not feasible and abscess cavity is approximating the skin, then incision and drainage may be preferred.
- Routine biopsy of the abscess wall is not indicated.

When to eConsult:

References:

https://www.choosingwisely.org/societies/american-society-of-breast-surgeons-benign-breast-disease/