NHS
Vale of York
Clinical Commissioning Group

NHS
York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Referral Support Service

Breast

B07
Mastitis/ Abscess

Definition
Mastitis is a painful inflammatory condition of the breast which may or may not be accompanied by infection.
In lactating women, milk stasis is usually the primary cause.
In non-lactating women – it is usually associated with infection:

- Central/subareolar is usually secondary to damaged ducts.
- Peripheral infection is less common and associated with diabetes, Rheumatoid disease, trauma, corticosteroid treatment but often there is no underlying cause. Often associated with smoking.

Breast abscess is a localized collection of pus – which may or may not be preceded by mastitis.

Red flags

- Infection not responding to antibiotics or signs of sepsis – Admit.
- Treatment failure or recurrence – refer especially if > 50yrs old.
- 2WW if there is underlying mass or any other features suggestive of cancer.

Management

- **Lactating woman** – analgesia, warm compress. Continue breast feeding or expression of milk. Prescribe antibiotic as per NICE guidelines.
    - Prescribe an oral antibiotic if the woman has a nipple fissure that is infected, symptoms have not improved (or are worsening) after 12–24 hours despite effective milk removal, and/or breast milk culture is positive.
    - If breast milk culture results are available, treat with an antibiotic that the organism is sensitive to.
    - If breast milk culture results are not available:
    - Treat empirically with flucloxacillin 500 mg four times a day for 10–14 days.
    - If the woman is allergic to penicillin, prescribe either erythromycin 250–500 mg four times a day or clarithromycin 500 mg twice a day for 10–14 days.

- **Non-lactating woman** – analgesia, warm compress. Manage any underlying condition e.g., nipple fissure due to eczema, candida skin infection. Prescribe antibiotics as per NICE guidelines:
    - Prescribe an oral antibiotic for all women with non-lactational mastitis:
    - Prescribe co-amoxiclav 500/125 mg three times a day for 10–14 days, *note co-amoxiclav is associated with increased risk of Clostridium difficile infection*.
    - If the woman is allergic to penicillin, prescribe a combination of erythromycin (250–500 mg four times a day) or clarithromycin (500 mg twice a day) plus metronidazole (500 mg three times a day) for 10–14 days.

Referral Information

- Urgent referral / acute admission if not responding or patient unwell.
- 2WW if suspicious signs.

Patient information leaflets/ PDAs
Mastitis - NHS (www.nhs.uk)
Mastitis and Breast Abscess | Breast-feeding Your Baby | Patient

References
Acute Breast Sepsis (kernowccg.nhs.uk) updated Dec 2019
CKS mastitis-breast-abscess updated Jan 2021

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