

Periductal mastitis

This leaflet explains what periductal mastitis is, how it's diagnosed and what will happen if it needs to be followed up or treated.

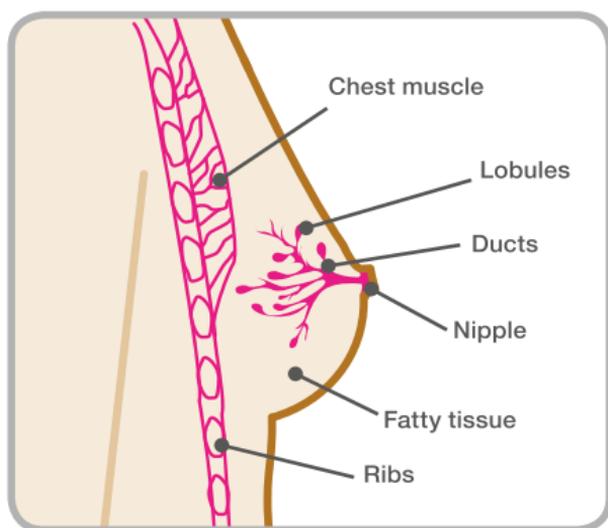


Benign breast conditions information
provided by Breast Cancer Care

What is periductal mastitis?

Periductal mastitis is a benign (not cancer) breast condition and does not increase your risk of developing breast cancer.

The breast



Breasts are made up of lobules (milk-producing glands) and ducts (tubes that carry milk to the nipple). These are surrounded by glandular, fibrous and fatty tissue.

Sometimes the ducts under the nipple become inflamed and infected. This is called periductal mastitis.

What are the symptoms of periductal mastitis?

Symptoms of periductal mastitis may include:

- a tender, hot or reddened breast
- liquid (discharge) from the nipple that is either bloody or non-bloody
- a lump that can be felt behind the nipple
- the nipple becomes pulled in
- occasionally, a collection of pus (abscess) or an abnormal connection between a duct and the skin (fistula)

Who does it affect?

Periductal mastitis can affect people of any age, though it is much more common in younger women.

Men can also get periductal mastitis, but this is very rare.

People who smoke have an increased risk of periductal mastitis because substances in cigarette smoke can damage the ducts behind the nipple. Smoking can also slow down the healing process after treatment. Nipple piercings can increase the chances of infection and may make periductal mastitis more difficult to treat. Periductal mastitis is also common in women who are breastfeeding or have recently given birth.

How is periductal mastitis diagnosed?

After a breast examination, your GP is likely to refer you to a breast clinic where you'll be seen by specialist doctors or nurses.

At the breast clinic most people have a breast examination followed by one or more of the following tests:

- ultrasound scan: using high frequency sound waves to produce an image
- fine needle aspiration (FNA): using a fine needle and syringe to take a sample of cells to be looked at under a microscope

If you have discharge from the nipple a sample may be sent to a laboratory to be looked at under a microscope to confirm the diagnosis. This is more likely if the discharge is bloody.

Call our free Helpline on **0808 800 6000** if you'd like more information about any tests you may be having, or see our booklet **Your breast clinic appointment**.

How is periductal mastitis treated?

Most cases of periductal mastitis will be treated with antibiotics. However, some people may not need any treatment and it will clear up by itself. Go back to your GP if your symptoms return or if you have any new symptoms, as it can come back.

If your breast is painful, you may want to take pain relief such as paracetamol.

If you develop an abscess or a fistula (see 'What are the symptoms of periductal mastitis?'), your specialist will decide the best way to treat it. This may involve using a fine needle and a syringe to draw off (aspirate) the pus using an ultrasound scan for guidance. This may need to be repeated over a period of time until all the pus has been removed. Sometimes an opening is made in the skin to allow the pus to be drained. This can be done under local or general anaesthetic.

If periductal mastitis doesn't get better after taking antibiotics, or if it comes back, you may need to have an operation to remove the affected area. This operation is usually done under a general anaesthetic, and you'll be in hospital for the day or overnight. If your breast is painful after the operation you can take pain relief like paracetamol. The operation will leave a small scar but this will fade in time. After the operation your nipple may be less sensitive than before.

Sometimes it can be difficult for the surgeon to find all the affected ducts during the operation. This is because they are very small. If periductal mastitis comes back after an operation, more ducts may need to be removed.

What this means for you

Even though periductal mastitis is a benign (not cancer) condition, you may still worry about breast cancer.

Having periductal mastitis does not increase your risk of breast cancer. However, it's still important to be breast aware and to go back to your GP if you notice any further changes in your breasts regardless of how soon these occur after having periductal mastitis.

You can find out more about being breast aware in our booklet **Know your breasts: a guide to breast awareness and screening**.

If you'd like any further information or support, call our Helpline free on **0808 800 6000**.

About this leaflet

Periductal mastitis was written by Breast Cancer Care's clinical specialists, and reviewed by healthcare professionals and people affected by breast problems.



For a full list of the sources we used to research it:

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Breast Cancer Care doesn't just support people when they've been diagnosed with breast cancer

We also highlight the importance of early detection and provide up-to-date, expert information on breast conditions and breast health.

If you have a question about breast health or breast cancer you can call us free on **0808 800 6000** or visit **breastcancercare.org.uk**

We hope you found this information useful. If you'd like to help ensure we're there for other people when they need us visit **breastcancercare.org.uk/donate**

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