

**Nottinghamshire Area Prescribing Committee** 

## SKIN AND SOFT TISSUE INFECTIONS

#### **Mastitis and Breast Abscess**

(CKS mastitis and breast abscess)

# **Organisms**

- Staphylococcus aureus
- Beta-haemolytic Streptococci (e.g., Streptococcus pyogenes)

Mastitis and breast abscesses affect women but can also affect men in rare cases. Please seek specialist advice if a male patient presents with symptoms.

### Mastitis (both lactational and non-lactational):

Suspect mastitis in a woman who presents with:

- A painful breast.
- Fever and/or general malaise.
- A tender, red, swollen, and hard area of the breast, usually in a wedge-shaped distribution.

# Arrange hospital admission if:

- There are signs of sepsis (such as tachycardia, fever, and chills).
- The infection progresses rapidly.
- The woman is haemodynamically unstable or immunocompromised.

#### Patient advice:

- Breast should return to normal size and shape.
- Use simple analgesia to relive pain and discomfort.
- Use a warm compress, bathe, or shower in warm water to relive pain and aid milk flow.
- Continue breastfeeding if possible. Or express sufficient milk to match infant needs.

Patient information leaflet - Mastitis

## **Breast Abscess:**

Suspect a breast abscess if the woman has:

- A history of recent mastitis, or prior breast abscess.
- Fever and/or general malaise these may have subsided if the woman has taken antibiotics for suspected infectious mastitis.
- A painful, swollen lump in the breast, with redness, heat, and swelling of the overlying skin.
- On examination, the lump may be fluctuant with skin discolouration.

Patient information leaflet - Breast abscess

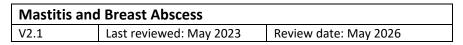
### **Lactational mastitis management and treatment:**

Antibiotics are indicated if symptoms have not improved or are worsening after 12-24 hours of effective milk drainage, or there is clinical evidence of an infected nipple fissure.

Culturing breastmilk is not usually required; however, in cases where there has been no response to treatment within 48 hours, recurrent mastitis, or in patients unable to take flucloxacillin, send breastmilk (expressed into a sterile container) for MC&S.

Please note, patients and/or breastfed babies may be being treated for oral or cutaneous thrush at the same time or after a course of antibiotics. See <u>oral candidiasis</u> and <u>cutaneous candidiasis</u> local guidelines. Be aware of the serious interaction between fluconazole and erythromycin or clarithromycin.

Updated: May 2023. Next review: May 2026.





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| Antibiotic <sup>1</sup>   | Dosage (14 years onwards)           | Duration |  |  |  |  |
|---|-------------------------------------|----------|--|--|--|--|
| First line choice:  |                                     |          |  |  |  |  |
| Flucloxacillin  | Adult: 500mg-1g four times a day    | 14 days  |  |  |  |  |
| In penicillin allergy:  |                                     |          |  |  |  |  |
| Erythromycin <sup>2</sup>   | Adult: 250mg-500mg four times a day | 14 days  |  |  |  |  |
| Preferred in pregnancy  |                                     |          |  |  |  |  |
| OR  | Adult: 500mg twice a day            | 14 days  |  |  |  |  |
| Clarithromycin  |                                     |          |  |  |  |  |
| If no improvement after 48 hours and an alternative cause or an abscess requiring drainage excluded, consider   |                                     |          |  |  |  |  |
| Co-amoxiclav  | Adult: 625mg three times a day      | 14 days  |  |  |  |  |
| Review with culture and sensitivity results.  |                                     |          |  |  |  |  |
| <sup>1</sup> See <u>BNF</u> and <u>BNFC</u> for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, and breastfeeding.<br><sup>2</sup> Withhold statins whilst on erythromycin course. |                                     |          |  |  |  |  |

# Non-lactational mastitis management and treatment:

Prescribe an oral antibiotic for *all* women with non-lactational mastitis. Advise the woman to seek immediate medical advice if symptoms worsen or fail to settle after 48 hours of antibiotic treatment.

| Antibiotic <sup>1</sup>   | Dosage (14 years onwards)              | Duration |  |  |  |
|---|--|----------|--|--|--|
| First line choice:  |  |          |  |  |  |
| Co-amoxiclav  | Adult: 625mg three times a day 14 days |          |  |  |  |
| In penicillin allergy:  |  |          |  |  |  |
| Erythromycin <sup>2</sup>   | Adult: 250mg-500mg four times a day    | 14 days  |  |  |  |
| Or  |  |          |  |  |  |
| <u>Clarithromycin</u> <sup>2</sup>  | Adult: 500mg twice a day               | 14 days  |  |  |  |
| PLUS  |  |          |  |  |  |
| Metronidazole   | Adult: 500mg three times a day 14 days |          |  |  |  |
| <sup>1</sup> See <u>BNF</u> and <u>BNFC</u> for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, and breastfeeding. |  |          |  |  |  |

<sup>&</sup>lt;sup>1</sup>See <u>BNF</u> and <u>BNFC</u> for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, and breastfeeding.

<sup>2</sup>Withhold statins whilst on erythromycin/clarithromycin course.

# Breast abscess management and treatment:

Refer **all** patients for an **urgent** General Surgical or Breast Clinic assessment, to allow for appropriate investigations plus drainage and samples sent for culture to guide antibiotic choice if abscess confirmed.

| Mastitis and Breast Abscess |   |          |   |  |  |
|-----------------------------|---|----------|---|--|--|
| Version                     | Author(s)   | Date     |   |  |  |
| V2.1                        | Nichola Butcher – Specialist<br>MO interface pharmacist | 18/05/23 | Added symptoms, referral criteria, self-care advice, patient leaflets and link to sepsis. Treatment tables generated for both lactational and non-lactational mastitis as per NICE. |  |  |
|                             |   |          | Comment added post APC that patients may also have candidiasis and to be aware of interactions with fluconazole. Statement to refer men added.                                      |  |  |

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