BREAST CELLULITIS & ABSCESS

Suspected Breast Abscess
- Tender, warm, inflamed
- +/- fluctuance
- +/- drainage

Duration of symptoms

< 1-2 weeks
- Ultrasound of breast demonstrates a collection

NO
- See Mastitis

YES
- Consider locally advanced or inflammatory breast cancer
- Discuss with On-call Breast Attending

> 1-2 weeks
- Is the collection “simple”?
  - Not loculated
  - Not involving nipple

YES
- Is the abscess already draining or nearly about to?

NO
- I&D with sedation maybe required (OR)
  - Discuss with On-call Breast Attending

YES
- Perform aspiration +/- irrigation
- Culture aspirate
- Outline erythema with marking pen
- Start Abx
  - Low MRSA risk: Cephalexin or dicloxacillin 500mg PO QID x 10 days
  - High MRSA Risk*:
    - Clindamycin 300 mg PO TID x 10 days or
    - TMP/SMX DS (Bactrim) BID x 10 days (avoid in mothers breastfeeding newborns)
  - PCN-allergic: Clindamycin 300 mg PO TID x 10 days
  - Severe: Consider Vanco 15-20mg/kg IV
- Arrange F/U in 24-72 hr with breast care provider, repeat aspiration may be necessary at that time

YES
- Establish draining site (1-2cm opening with 11 blade)
- Culture drainage
- Consider saline flush of drainage site
- Loosely pack or wick site & apply dress
- Outline erythema with marking pen
- Start Abx (See list for non-draining)
- Provide pt:
  - Instructions regarding packing
  - F/u appt with breast care provider in 24-72hr

Discuss with On-call Breast Attending
**MASTITIS (BREAST CELLULITIS) & ABSCESS**

- **Necrotizing Infection?**
  - **YES**
    - See Necrotizing SSTI
  - **NO**
- **Fluctuant/Purulent**
  - **YES**
    - See Breast Abscess
  - **NO**

- **Cellulitis**

- **Outline borders with marking pen**
- **Start antibiotics:**
  - **Low MRSA risk:** Cephalexin or dicloxacillin 500mg PO QID x 10 days
  - **High MRSA Risk***:
    - Clindamycin 300 mg PO TID x 10 days
    - or
    - TMP/SMX DS (Bactrim) BID x 10 days
    - (avoid in mothers of breastfeeding newborns-kernicterus)
  - **PCN-allergic:** Clindamycin 300 mg PO TID x 10 days
  - **Severe:** Consider Vanco 15-20mg/kg IV
- **Arrange f/u with breast care provider in 48-72hr**

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*MRSA risk factors:
- recent antibiotic use,
- h/o prior MRSA,
- young children in day care,
- household contact with MRSA,
- contact sports,
- military service,
- prison exposure
BREAST ABSCESS ASPIRATION & IRRIGATION

Supplies:

- Ice pack
- Antiseptic wash
- Chux
- < 18 gauge needle
- Syringe (appropriate size)
- Gauze
- 10cc saline flush x 2-3
- Small dressing
- Marking pen
- Portable ultrasound

Steps:

1) Outline erythema on skin with marking pen and ‘X’ the skin over the area of abscess
2) Apply ice pack to breast area for 5 min (Note: local anesthetics work poorly in area of infection)
3) Place Chux at patient’s side or over abdomen
4) Prep skin over area of abscess
5) Insert needle syringe into abscess and withdraw
6) If syringe is full, leave needle in place. Remove syringe from needle. Empty. Reconnect to needle. Aspirate. Repeat as necessary.
7) Provide sample of aspirate to culture tube before discarding
8) Remove syringe from needle (remains in breast) and attach flush. Inject and withdrawal only if easy. Repeat, again only if easy.
9) Remove needle.
10) Apply gauze and some pressure
11) Apply dressing
12) Ultrasound to assess residual collection.